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13. ABSTRACT *(Maximum 200*

Morehouse School of Medicine has developed a Breast Health Education Study that focuses on two groups:
1.) minority, underserved women who are residents of Atlanta Housing Authority communities, and
2.) primary care physicans and other health care providers who care for the medically underserved.

The study seeks to determine and validate the efficacy of community-based educational program initiatives in promoting breast health in this population by educating and motivating target women to seek mammograms and perform breast self-examinations on a regular basis. We also seek to determine and validate the efficacy of an innovative educational initiative in encouraging other health professionals to discuss and promote clinical breast exams, mammographies and breast self-examinations to their female patients.

During the second year of the study (FY 95-96), seven communities within the Atlanta Housing Authority were identified, along with community leaders, and informed of the project and encouraged to participate. Community Lay Health Workers (CLHW) who are also residents of the communities selected were hired, trained and are working in the community. Morehouse School of Medicine students in the Masters of Public Health Program as well as medical students were hired to assist the CLHW in the conduction of the breast health education community health needs assessment and baseline breast cancer knowledge, attitudes and practices assessment in each community. Two hundred men and women of various ages were randomly selected from community clusters to participate in the survey.

INFODRAMA presentations (The Education Initiative for Health Professionals) were conducted at the Annual Meeting of the Atlanta Chapter of National Black Nurses Association and the 6th Annual Meeting of the National Black Leadership Initiative on Cancer, Southern Region. Preliminary results of the community assessment substantiate the need for breast health education programs if we are ever going to favorably impact the health of these communities.

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Beverly D Taylor, MD 7/30/97

PI - Signature Date

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ANNUAL REPORT FOR GRANT NO. DAMD17-94-J-4134
BREAST HEALTH EDUCATION STUDY
SUBMITTED 30 July 1997

INTRODUCTION

The Breast Health Education Study at Morehouse School of Medicine, received funding for a three year cycle, by the Department of Defense in 1994.

The purpose of the currently funded project is: to seek to determine and validate the efficacy of a community-based educational program initiative in promoting breast health in minority, medically undeserved women by educating and motivating them to seek mammograms and perform breast self-examination on a regular basis.

The study focuses on two groups to achieve its goals:

1) minority and undeserved women, in the metropolitan Atlanta area, and

2) family and primary care physicians and other health care providers who care for the medically undeserved

Nature of the problem:

African American women are more likely than white women to have advanced breast cancer and to have poor survival from those cancers [1,2,3,4] Although the incidence rate of breast cancer is lower in African American women than White women (94.0/100,000 vs 113.20/100,000), the mortality rate in this population is higher (31.2 vs 27.2) [5] Further, once diagnosed with breast cancer, African American women tend to have lower survival rates than White-American women. The five year survival rate is 81.6% for whites but only 65.8%for Black women [5]. This is thought to be due primarily to the more advanced stage of the disease at the time of diagnosis.[6,7,8,9]

Reasons for this advance stage of disease has included limited access to health care and decreased use of mammographic screening[8] as well as some socioeconomical and hormonal issues.

Many studies have been done to determine the reasons for low mammography use among

African American women. Results have revealed that many women do not get mammograms because their physicians don't tell them that they need one, nor make any references to them.[9,10,11,12] Lack of knowledge about the screening recommendations is another barrier to complying with recommendations.[13,14,15,16] From these studies, it becomes clear that a two-tiered approach to promoting mammography screening among women is indicated.

This breast cancer education and prevention project attempts to address the three overall goals of Healthy People 2000: to increase the span of healthy life, to reduce health disparities, and to achieve access to preventive services for all Americans. Two preventive service objectives are also addressed: **Objective 16.3**-- to reduce breast cancer mortality, and **Objective 16.11**-- to increase the proportion of women age 40 and older who received a clinical breast examination and mammogram. At least two Educational and Community-Based Program objectives are addressed: **Objective 8.1** which seeks to increase the years of healthy life of black people and **Objective 8.11** which emphasizes increasing culturally appropriate community health promotion programs for minority populations.[17]

Background of previous work:

The Atlanta Coalition on Breast Health was established in August 1990 by the Southern Region of the National Black Leadership Initiative on Cancer (NBLIC) to focus on the problem of breast cancer among black women in the Atlanta area. The Coalition has implemented as its major project, the Black Women's Mammography and Screening Project, a community education model developed by the National Medical Association's Council on Concerns of Women Physicians in cooperation with the Minority Health Education Program, Office of Cancer Communications, National Cancer Institute. A long term goal of the NBLIC is to replicate the structure and activities of the Atlanta Coalition in other parts of Georgia and the region.

Since its establishment in August 1990, the Coalition has accomplished a number of important initiatives including:

- conducted over 12 mini Breast Health Education Workshops throughout Metro Atlanta and some parts of south Georgia. These workshops were attended by over 200 women between the ages of 12 and 65 years of age.

- development of a facility guide of ACR approved mammography screening sites in the Atlanta area

- development of a training curriculum for Coalition members. This "train the trainer" curriculum is designed to equip members with the skills needed to train community leaders and community members in breast cancer prevention

- assist in the training of Community Lay Health Workers assigned to the targeted

communities

- 95% completion of the Breast Health Training Manual
- participated in a one day workshop on implementation and planning conducted by Florence Bonner, a consultant with the National Cancer Institute

The Atlanta Coalition remains actively involved in the planning and development of the Breast Health Education Study.

Purpose of the present work:

The purpose of this project is to impact favorably, the breast health of low income, undeserved minority women. As stated previously, the project addresses three of the overall goals of *Healthy People 2000:*

- *to increase the span of healthy life*
- *to reduce health disparities, and*
- *to achieve access to preventive services for all Americans*

Two preventive services objectives are addressed:

- *Objective 16.3:* *to reduce breast cancer mortality,*
- *and*
- *Objective 16.11:* *to increase the proportion of women age 40 and older who have received a clinical breast examination and mammogram.*

And, two Educational and Community -based program objectives:

- *Objective 8.1a:* *which seeks to increase the years of healthy life of black people, and*
- *Objective 8.11:* *which emphasizes increasing culturally appropriate community health promotion programs for minority populations.*

We believe that a culturally appropriate, comprehensive breast cancer screening intervention in a low-income public housing community will increase rates at which women obtain clinical breast examinations and mammograms. If we are successful, these rates will approach the frequencies recommended by the National Cancer Institute.

Methods of approach:

A review of recent literature and studies on promoting breast health makes it apparent that

effective breast cancer prevention and early detection requires education of both health professionals and clients. For example, in the Morehouse Cancer Screening Project entitled,"Avoidable Mortality from Cancer in Black Populations (AMCBP) targeted black women in the inner-city. The study sought to determine if an in-home educational intervention conducted by a Lay Health Worker could increase adherence among low-income black women to breast cancer screening schedules as well as increase the women's knowledge and change their attitudes regarding these cancers. The results of the study showed a 2.9% increase in Pap smear screening, and a 34.5% increase in breast screening. AMCBP's study method of educational intervention differs from those in the proposed project (in-home vs. community group); however, the target group is the same, and the proposed study emphasizes culturally appropriateness and is based on a philosophy of empowering low-income (blacks) to help themselves and one another.

The approach to community organization and development for health promotion for the communities in this study is based on the theories of Braithwaite, Lythcott et al,[18] and call for the following steps:

- Learn the community
- Document the community ecology
- Organize a community coalition board
- Share the results with the community
- Design an intervention
- Implement the intervention

The current methodology calls for a community cluster comparison between the cases and comparison groups who reside in high- rise complexes within the Atlanta Housing Authority (AHA); and case and comparison groups who reside in low-rise complexes. Each community within the cluster of communities will experience each step listed above. Since this is a disease-specific study, the intervention was designed along with the earlier steps. It will, however, be adjusted to accommodate the differences within each community.

BODY

Methods

Background, Sample and Data Collection

The Breast Health Education Study is designed to focus on the consumers and the providers of breast cancer screening practices. It utilizes lay health workers to recruit and provide individual instruction to Black women on breast cancer prevention; and an Infodrama (dramatic presentation of information on breast cancer screening practices geared for the health care provider).

The women invited to participate in this project were residents of six public housing facilities (intervention communities) in Atlanta, Georgia. Women were eligible to participate if they were aged 35-79, a current resident of an intervention community, and had no personal history of breast cancer or breast surgery.

Specific objectives of the study were to:

1. **Organize each intervention community around the problem of breast cancer**

Communities within the Atlanta Housing Authority each have a Tenant's Association. This organization is composed of residents within the community for the purpose of identifying and resolving issues related to safe and efficient living conditions. The residents of the community elect a Tenant's Association President who serves as the point of entry into the community. The Tenant's Association President is a very powerful person who has been given the "authority " to represent the community.

The Tenant Association President of each community received a visit by the study team to present the Breast Health Education Project and solicit their support. They were all receptive but differed in their approach to presenting the project to their constituents. In each case we were invited to attend a Tenant Association meeting where the president introduced us to the community. We were available to answer any questions that might arise.

We advertised for Community Lay Health Workers (CLHW) in each community. We successfully recruited six women to work with us. Their ages ranged from 35-79. They came from three of the six communities (two of the original six workers were discontinued and replaced from the pool of applications received during recruitment). These workers received training in breast cancer prevention through workshops conducted by the Atlanta Coalition on Breast Health. CLHW's, assisted by our staff, began to develop community coalitions, or groups of residents interested in breast cancer prevention, who would also receive the training and assist the CLHW's in providing support for other women within the community.

The CLHW was also responsible for assisting in the survey of 200 community members. Each CLHW served as the point person to recruit survey participants from our list of randomly selected candidates, and was paired with a trained interviewer to attend each interview. A presentation of the data obtained during this phase of the study will appear later in this report.

2. **Conduct programs to improve breast cancer knowledge, attitudes, and screening practices among members of the intervention communities at large, health care providers serving these communities, and women aged 35-79 residing in these communities.**

The second phase of the project at the community level was a series of workshops on breast health that are to be presented in the various communities. The workshops are designed to empower participants to become pro-active in preventing breast cancer . We seek to instill confidence in their knowledge about the disease; by teaching they what to do to assist in the early detection of the disease; and teaching them ways to effectively communicate with their health care provider. Efforts are made to dispel the myths and misconceptions that some of them have about the disease. A Training Manual was developed in conjunction with the National Black Leadership Initiative on Cancer for the purpose of providing the education in a consistent manner. A copy of the manuscript for the manual is in the appendix.

The second component of the Breast Health Education Study is the implementation and evaluation of an intervention that educates and motivates primary care physicians to discuss breast health issues with their patients. In the form of an Infodrama, an interactive dramatic production based on actual case histories, the intervention encourages primary care physicians to recommend regular breast self-examinations, clinical breast examinations and screening mammograms to their patients. The Infodrama is produced by a local playwright in Atlanta, GA and is presented by four professional actors. The script for the presentation is based on research studies, information obtained from provider and consumer focus groups, and information pertaining to the social and cultural issues being explored. The impact of the presentation is assessed through pre- and post- intervention questionnaires that measure physician's knowledge, attitudes, and practices regarding breast health care. The pretest is given immediately prior to the Infodrama and the post-test is delivered via mailed questionnaire six months afterwards. This intervention has been presented to 46 providers (including family physicians, internists, OB-GYN physicians, surgeons, and nurses). We are in the process of retrieving post intervention data from these participants to evaluate the impact, if any, that the intervention had on their breast cancer prevention strategies.

3. **Evaluate the impact of the comprehensive intervention on breast cancer screening, knowledge, attitudes, and practices.**

The bulk of our work this year was done during the administration of the questionnaires and in the analysis of the data retrieved. We simultaneously conducted workshops on breast education to community participants. We have requested a no cost extension to provide us with the opportunity to finalize the data collected during the workshops and

during the Infodrama presentations.

Person- to-person interviews were conducted between the spring of 1996 and the beginning of 1997. A random sample of 200 men and women were selected using the Atlanta Housing Authority's tenants occupancy list. Men were not excluded if they were members of the ramdomly selected household. A separate analysis of their responces will be done to determine the effect taht an involved male family member may have an breast screeing practices. The sample included 160 women. This sample of study participants was representative of what we initially sought to achieve.

Measures

A brief 20-30 minute structured questionnaire was administered by graduate students of the Morehouse School of Medicine. Each student received interviewing skills training prior to participation in the study. We paired each student with a Community Lay health Worker (also a participant in the interviewing skills training) who served as a facilitator for the interviewing process. The Community Lay Health Worker (CLHW) was responsible for setting up the interview, reminding the participant of the interview appointment and was present, but not obtrusive, during the time of the interview.

The questions assessed sociodemographic characteristics, medical and family history, preventive health practices, insurance characteristics, level of exercise, weight control, tobacco use, alcohol use, cancer knowledge, attitudes, and beliefs, and history of breast cancer screening.

- **Sociodemographic** questions addressed marital status, level of education, employment history, what they believed to be the most important aspect of life, religious preference, income level and their opinion of their own personal health.

- **Knowledge and attitude** questions addressed personal susceptibility to breast cancer, whether a woman can have breast cancer with/without certain symptoms, whether cancer was a health problem in the community, and the likelihood of their attendence in breast health educational workshops.

- **History of breast cancer screening** addressed the frequency of study participant's receiving breast self-examinations, clinical breast examinations, and mammography.

Data Analysis

Surveys were completed for 202 African-American women 30 years of age and older

1) ever having a clinical breast exam (CBE)
2) ever having a mammogram
3) receiving the last CBE within the past year and
4) receiving a mammogram within the past year.

The association between participants' knowledge and attitudes about breast cancer and their previous breast cancer screening practices was also assessed. Using the SAS software package, logistic regression was performed to calculate the association between the specified variables while controlling for potential confounders.

Participants' knowledge and attitudes about breast cancer prevention and control was assessed by asking a series of yes/no questions about breast cancer risks and screening. Summary scores were developed for each participant as the total number of correct answers to 20 questions. Correct responses to these questions were divided into two categories - scores of less than 13 and scores of 13 and greater. Women who had scores of less than 13 are reported as those who have low knowledge and negative attitudes about breast cancer prevention and control. Women who had scores of 13 and greater are reported as having high knowledge and positive attitudes.

Knowledge variables included in the knowledge/attitude score pertain to risk factors (or perceived risk factors) for breast cancer and are as follows:

1) age 40 years or older
2) bruising/bumping the breast
3) having a family member with breast cancer
4) being overweight
5) being around someone who has breast cancer
6) having a first child after the age of 30 years
7) menopause after the age of 50 years
8) menstruation before the age of 12 years
9) having a high fat diet and
10) cigarette smoking.

Other knowledge variables pertain to being able to name the correct screening tests for breast cancer and include:

1) the pap smear
2) the chest x-ray
3) breast self-examination
4) clinical breast examination and
5) mammography.

The attitude variables included in the knowledge/attitude score include:

1) breast cancer can be prevented
2) it is silly to have a breast exam when one is feeling fine
3) it is not a good idea to talk about breast cancer
4) breast cancer can be found early and
5) early treatment of breast cancer can save a woman's life.

Preliminary results of the association between selected demographic factors and screening practices are presented in Tables 1 - 4. Of the women 30 - 50 years old, 85.7% report ever receiving a CBE as compared to only 55.6% of women 50-65 years and 66.7% of women 65 years and older (p=0.01, Table 1). There is no significant association between women who report to ever receiving a CBE and the other specified demographics - education, marital status, employment status, income level, and insurance status. As revealed in Table 2, there is no association between selected demographic characteristics and receiving a CBE within the past year. Of unemployed women in the study, 58% report ever receiving a mammogram as compared to only 41.2% of employed women, and 25.0% of women who were housekeepers or students (p=0.05, Table 3). There is no association between ever receiving a mammogram and other selected demographics. Finally, Table 4 reveals that there is no association between receiving a mammogram within the past year and selected demographic characteristics.

Table 5 shows the association between study participants' overall knowledge and attitudes about breast cancer and their breast cancer screening practices. Women with high scores (13 or greater) are more likely to have ever had a CBE as compared to women with low scores (90.8% vs. 60.3%, p=0.001). Furthermore, 79.4% of women with high knowledge and positive attitudes report to ever receiving a mammogram as compared to only 43.8% of women with low knowledge and negative scores (p = 0.001). Finally, women with high knowledge and positive attitudes are more likely to have had a mammogram within the past year as compared to women with low knowledge and negative attitudes (64.7% vs. 20.2%, p=0.001). There is no difference in knowledge and attitude scores in terms of receiving a CBE within the past year.

Tables 6 - 9 show the association between individual knowledge/attitude variables and breast cancer screening practices. As seen in Table 6, specific factors significantly associated with ever having a CBE include the knowledge that: 1) family history is a risk factor for breast cancer and 2) CBE and mammography are screening tests to detect breast cancer. Women who know that the pap smear is *not* a test to detect breast cancer are more likely to report ever having a CBE than women who think that the pap smear is a screening test. In addition, women are more likely to have ever had a CBE if they: 1) do not believe that bumping or bruising the breast is a risk factor for breast cancer and 2) do not believe that being around someone with breast cancer is a risk factor for breast

cancer. In terms of attitudes, ever having a CBE is associated with the belief that: 1) it is not silly to have a mammogram even when one is feeling fine 2) it is a good idea to talk about breast cancer 3) breast cancer can be found early and 4) the early treatment of breast cancer can save a woman's life. As seen in Table 7, there are no specific knowledge/attitude factors that are significantly associated with having a CBE within the past year.

Table 8 shows the association between knowledge/attitude variables and mammography utilization. Specific factors associated with ever having a mammogram include the knowledge that: 1) age 40 years or older is a risk factor for breast cancer 2) family history is a risk factor for breast cancer and 3) mammography is a screening test to detect breast cancer. Women who know that having a child after the age of 30 is a risk factor for breast cancer are *less* likely to have ever had a mammogram as compared to women who do not know this.

As seen in Table 9, specific factors significantly associated with having a mammogram within the past year include the knowledge that:

1) age 40 years or older, family history, obesity, and a high fat diet are risk factors for breast cancer and

2) mammography is a screening test to detect breast cancer.

Table 10 shows the results of logistic regression. Of significance, women who received their last CBE within the past year are 3.9 times more likely to have high knowledge and positive attitudes about breast cancer prevention and control as compared to women who did not receive a CBE within the past year (95% confidence interval - 1.5,9.9). In addition, women who received a mammogram within the past year are 4.2 times more likely to have high knowledge and positive attitudes as compared to women who did not receive a mammogram within the past year (95% confidence interval - 1.4,12.8).

Bivariate and multivariate analysis for this study is still in progress. We have requested and have been approved for a one-year no cost extension for this study. During this time, we will complete analysis of this data and will submit a manuscript for publication.

Table 1:
SOCIODEMOGRAPHIC FACTORS OF WOMEN WHO HAVE EVER HAD A CLINICAL BREAST EXAM BY A HEALTH PROFESSIONAL

		Yes	No	P
Age				
30-50	n=91	85.7	14.3	
50-65	n=45	55.6	44.4	
65+	n=60	66.7	33.3	0.01
Unknown	n=4	50.0	50.0	
Education				
13 + Years	n=28	82.1	17.9	
12	n=56	80.4	19.6	
<12	n=116	66.4	33.6	0.07
Marital Status				
Yes	n=3.4	75.0	25.0	
No	n=196	72.5	27.5	1.0
Employment				
Employed	n=22	77.3	22.7	
Housekeeper/Student	n=13	76.9	23.1	
No/unknown	n=165	71.5	28.5	0.79
Income				
<5000	n=83	74.7	25.3	
5000-14,999	n=88	69.3	30.7	
15000+	n=6	66.7	33.3	
Unknown	n=23	78.3	21.7	0.77
Pap test by schedule				
Yes	n=98	69.4	30.6	
No	n=102	75.5	24.5	0.42
Breast cancer is preventable				
Agree	n=98	76.5	23.5	
No	n=102	68.6	31.4	0.27
Insurance				
Medicare/Medicaid	n=131	71.0	29.0	
Private	n=12	75.0	25.0	
Unknown	n=59	72.9	27.0	0.93

Table 2:

SOCIODEMOGRAPHIC FACTORS OF WOMEN WHO HAVE HAD A CLINICAL BREAST EXAM WITHIN ONE YEAR

		Within one year		
		Yes	No	P
Education				
13 + years	n=28	78.6	21.4	
12 years	n=56	78.6	21.4	
<12	n=113	78.8	21.2	0.99
Married				
Yes	n=4	100	0	
No	n=196	78.6	21.4	0.67
Employment				
Employed	n=22	86.4	13.6	
Housekeeper/student	n=13	61.5	38.5	
No/unknown	n=105	79.4	20.6	0.24
Income				
15,000 +	n=6	83.3	16.7	
<15,000	n=173	78.0	22.0	
Unknown	n=21	85.7	14.3	0.64
Pap test by schedule				
Yes	n=98	80.6	19.4	
No	n=100	77.0	23.0	0.65
Breast cancer is preventable				
Yes	n=98	76.5	23.5	
No	n=100	81.0	19.0	0.44
Insurance				
Medicare/Medicaid	n=131	80.9	19.1	
Private	n=12	83.3	16.7	
Unknown	n=59	74.6	25.4	0.58

Table 3:

SOCIODEMOGRAPHIC FACTORS OF WOMEN WHO HAVE EVER HAD A MAMMOGRAM

		Ever Mammogram Yes	No	P
Education yrs.				
College 13+	n=23	52.2	47.8	
High School 12	n=50	78.0	52.0	
<12	n=85	43.5	56.5	0.86
Married				
Yes	n=3		100	
No	n=157	54.8	45.2	0.19
Employment				
Employed	n=17	41.2	52.8	
Housekeeper/Student	n=12	25.0	75.0	
No/unknown	n=131	58.0	42.0	0.05
Income				
15,000 +	n=5	60	40	
<15,000	n=134	56.0	44.0	
Unknown	n=21	38.1	61.9	0.20
Pap test by schedule				
Yes	n=75	49.3	50.7	
No	n=85	57.7	42.3	0.37
Breast cancer is preventable				
Agree	n=83	50.6	69.4	
No	n=77	57.1	42.9	0.41
Insurance				
Medicare/Medicaid	n=69	47.8	52.2	
Private	n=9	55.6	44.4	
Unknown	n=45	62.2	37.8	0.32

Table 4:

SOCIODEMOGRAPHIC FACTORS AND MAMMOGRAPHY BY SCHEDULE*

		Mammogram by Schedule		
		Yes	**No**	**P**
Education				
13 years	n=28	32.1	67.9	
12 years	n=56	21.4	78.6	
<12 years	n=113	21.2	78.8	
All	n=197	22.8	77.2	0.45
Married				
Yes	n=4	0	100	
No	n=196	23.0	77.0	0.63
Employment				
Employed	n=22	13.4	96.6	
Housekeeper/students	n=13	7.7	92.3	
No/unknown	n=163	24.9	75.2	0.13
Income				
15,000 +	n=6	16.7	83.3	
<15,000	n=173	24.3	75.7	
Unknown	n=21	9.5	90.5	0.29
Pap Smear Test				
Yes	n=98	18.4	81.6	
No	n=100	26.5	73.5	
Breast cancer is preventable				
Yes	n=98	19.4	80.6	
No	n=100	26.0	74.0	0.27
Insurance				
Medicare/Medicaid	n=69	31.9	68.1	
Private	n=9	33.3	66.7	
Unknown	n=45	33.3	66.7	0.99

*According to the Guidelines of the American Cancer Society (ASC)

Table 5:

ASSOCIATION BETWEEN BREAST CANCER SCREENING HISTORY AND THE KNOWLEDGE/ATTITUDE SCORE

EXAM	Knowledge and Attitude Score ≥13	<13	P
	n(%)	n(%)	
Ever Clinical Ex	n=76	n=126	
Yes	69(90.8)	76(60.3)	
No	7(9.2)	50(39.7)	0.001
Last breast exam			
By Schedule*	63(82.9)	97(77.0)	
No	13(17.1)	29(33.0)	0.41
Ever had Mammogram	n=34	n=89	
Yes	27(79.4)	39(43.8)	
No	7(20.6)	50(56.2)	0.001
Mammogram			
By schedule	22(64.7)	18(20.2)	
No	12(35.3)	71(79.8)	0.001

*ACS Guidelines

Table 6:

Knowledge, Attitude and Those Who Have Ever Had A Clinical Breast Exam

Knowledge or Attitude Variable		Ever Had a Clinical Breast Exam No	Yes	Total	P-Value
		n(%)	n(%)	n(%)	
Age 40 years or older associate with breast cancer					
	No	40(28.8)	99(71.2)	139(100)	
	Yes	17(27.0)	46(73.0)	63(100)	0.79
Bruising/bumping the breast associate with breast cancer					
	Yes	52(32.5)	108(67.5)	160(100)	
	No	5(11.9)	37(88.1)	42(100)	0.01
Family hx is a risk factor for breast cancer					
	No	37(39.4)	57(60.4)	94(100)	
	Yes	20(18.5)	88(81.5)	108(100)	0.001
Being overweight					
	No	39(27.7)	102(72.3)	141(100)	
	Yes	18(29.5)	43(29.5)	61(100)	0.79
Being around someone who has breast cancer					
	No	39(22.2)	137(77.8)	176(100)	
	Yes	18(69.2)	8(30.8)	26(100)	0.001
Having first child after age 30					
	No	55(31.6)	119(68.4)	174(100)	
	Yes	2(7.1)	26(92.9)	28(100)	0.06
Menopause after age 50					
	No	47(29.9)	110(70.1)	157(100)	
	Yes	10(22.2)	35(77.8)	45(100)	0.30
Menstrual before age 12					
	No	51(28.2)	130(71.8)	181(100)	
	Yes	6(28.6)	15(71.4)	21(100)	1.00
High fat diet					
	No	38(30.4)	87(69.6)	12.5(100)	
	Yes	19(24.7)	58(75.3)	77(100)	0.38

(Con't table 6)

Knowledge, Attitude and Ever Had a Clinical Breast Exam

knowledge or Attitude Variable		Ever Had a Clinical Breast Exam No	Yes	Total	P-Value
Cigarette smoking					
	No	14(29.8)	33(70.2)	47(100)	
	Yes	43(27.7	112(72.3)	145(100)	0.07
Breast cancer can be prevented					
	No	34(32.7)	70(67.3)	104(100)	
	Yes	23(23.5)	75(76.5	98(100)	0.14
Breast self exam finds breast cancer in the very early stages					
	No	6(46.2)	7(53.9)	13(100)	
	Yes	51(27.0)	138(73.0)	189(100)	0.24
Pap Smear finds breast cancer					
	No	9(15.8)	48(84.2)	57(100)	
	Yes	48(33.1)	97(66.9)	145(100)	0.02
Clinical breast exam finds breast cancer in its very early stages					
	No	13(68.4)	6(31.6)	19(100)	
	Yes	44(24.0)	139(76.0)	183(100)	0.001
Chest X-ray finds breast cancer					
	Yes	49(27.8)	127(72.2)	176(100)	
	No	8(30.8)	18(69.2)	26(100)	0.94
Mammography finds breast cancer in its very early stages					
	No	28(68.3)	13(31.7)	41(100)	
	Yes	29(18.0)	132(82.0)	161(100)	0.001
Silly to have breast exam when feeling fine					
	Agree	21(50.0)	21(50.0)	42(100)	
	Disagree	36(22.5)	124(77.5)	160(100)	0.001

(Con't table 6)

Knowledge, Attitude and ever Having Had a Clinical Breast Exam

knowledge or Attitude Variable		Ever Clinical Breast Exam No	Yes	Total	P-Value
Not good idea to talk about breast cancer					
	Agree	16(42.1)	22(57.9)	38(100)	
	Disagree	41(25.0)	123(75.0)	164(100)	0.04
Breast cancer can be found early					
	No	14(56.0)	11(44.0)	25(100)	
	Yes	43(24.3)	134(75.7)	177(100)	0.002
Early treatment of breast cancer					
	No	10(55.6)	8(44.4)	18(100)	
	Yes	47(22.5)	137(74.5)	184(100)	0.02
Last breast exam was a routine					
	No	54(79.4	14((20.9)	68(100)	
	Yes	3(2.2)	131(97.8)	134(100)	0.001
Frequency of breast self exam					
	Other	53(48.2)	57(51.8)	110(100)	
	One at Least	4(4.4)	88(95.7)	92(100)	0.001

Table 7:

Knowledge, Attitude and last clinical breast exam by schedule*

Knowledge or Attitude Variable		Last breast exam on schedule No	Yes	Total	P-Value
		n(%)	n(%)	n(%)	
Age 40 years or older associate with breast cancer					
	No	29(20.9)	110(79.1)	139(100)	
	Yes	13(20.6)	50(79.4)	63(100)	0.97
Bruising/bumping the breast associate with breast cancer					
	Yes	31(19.4)	129(80.6)	160(100)	
	No	11(26.2	31(73.8)	42(100)	0.34
Family hx is a risk factor for breast cancer					
	No	18(19.2)	76(80.8)	94(100)	
	Yes	24(22.2)	84(77.8)	108(100)	0.59
Being overweight					
	No	33(23.4)	108(76.6)	141(100)	
	Yes	9(14.7)	52(85.3)	61(100)	0.15
Being around someone who has breast cancer					
	Yes	4(15.4)	22(84.6)	26(100)	
	No	38(21.6)	138(78.4)	176(100)	0.64
Having first child after age 30					
	No	34(19.5)	140(19.5)	174(100)	
	Yes	8(28.6)	20(71.4)	28(100)	0.40
Menopause after age 50					
	No	32(2.04)	125(79.6)	157(100)	
	Yes	10(22.2)	35(77.8)	45(100)	0.79
Menstrual before age 12					
		39(21.5)	147(78.5)	181(100)	
		3(14.3)	18(85.1)	21(100)	0.62
High fat diet					
	No	30(24.0)	95(76.0)	125(100)	
	Yes	12(15.6)	(84.4)	77(100)	0.15

*ACS Guidelines

(Con't table 7)

Knowledge, Attitude and having last clinical breast exam by schedule*

Knowledge or Attitude Variable		Last breast exam on schedule No	Yes	Total	P-Value
		n(%)	n(%)	n(%)	
Cigarette smoking					
	No	12(25.5)	35(74.5)	47(100)	
	Yes	30(19.4)	125(80.6)	155(100)	0.36
Breast Cancer can be prevented					
	No	19(18.3)	85(81.7)	104(100)	
	Yes	23(23.5)	75(76.5)	98(100)	.036
Breast self exam finds breast cancer in its very early stages					
	Yes	41(21.7)	148(78.3)	189(100)	
	No	1(7.7)	12(92.3)	13(100)	0.40
Pap smear finds breast exam					
	Yes	32(22.1)	113(77.9)	145(100)	
	No	10(17.5)	47(82.5)	57(100)	0.48
Clinical breast exam finds breast cancer in its very early stages					
		2(10.5)	17(89.5)	19(100)	
		40(21.9)	143(78.1)	183(100)	0.39
Chest x-rays finds breast cancer					
	Yes	36(20.4)	140(79.6)	176(100)	
	No	6(23.1)	20(76.9)	26(100)	0.96
Mammography finds breast cancer in its very early stages					
	No	7(17.1)	34(82.9)	41(100)	
	Yes	35(21.7)	126(78.3)	161(100)	0.51
Silly to have breast exam when feeling fine					
	Agree	8(19.0)	34(81.0)	42(100)	
	Disagree	34(21.2)	126(78.8)	160(100)	0.92
Not good idea to talk about breast cancer					
	Agree	6(15.8)	32(84.2)	38(100)	
	Disagree	(21.9)	128(78.1)	164(100)	0.53

"By Schedule " means according to ACS Guidelines

(Con't table 7)

Knowledge, Attitude and having last clinical breast exam by schedule*

Knowledge or Attitude Variable		Last breast exam on schedule No	Yes	Total	P-Value
		n(%)	n(%)	n(%)	
Breast cancer have been found early					
	No	5(20.0)	20(80.0)	25(100)	
	Yes	37(20.9)	140(79.1)	177(100)	1.00
Early treatment of breast cancer					
	No	2(11.1)	16(88.9)	18(100)	
	Yes	40(4.7)	144(78.3)	184(100)	0.45
Last breast exam was a routine					
	No	4(5.9)	64(94.1)	68(100)	
	Yes	38(28.4)	96(71.6)	134(100)	0.001
Frequency of breast self exam					
	Other	19(17.3)	91(82.7)	110(100)	
	at least one	23(25.0)	69(75.0)	92(100)	0.18

*ACS Guidelines

Table 8:

Knowledge and Attitudes that are associated with ever having Mammography

Knowledge or Attitude Variable		Ever Had Mammography No	Yes	Total	P-Value
		n(%)	n(%)	n(%)	
Age 40 years or older associated with breast cancer					
	No	44(52.4)	40(47.6)	84(100)	
	Yes	13(33.3	26(66.7)	39(100)	0.05
Bruising/bumping the breast associate with breast cancer					
	Yes	51(47.7)	56(52.3)	107(100)	
	No	6(37.5)	10(62.5)	16(100)	0.62
Family hx is a risk factor for breast cancer					
	No	38(55.1)	31(44.9)	69(100)	
	Yes	19(35.2)	35(64.8)	54(100)	0.03
Being overweight					
	Yes	16(42.1)	22(57.9)	38(100)	
	No	41(48.2	44(51.8)	85(100)	0.53
Being around someone who has breast cancer					
	Yes	15(68.2)	7(31.8)	22(100)	
	No	42(41(41.6)	59(58.4)	101(100)	0.04
Having first child after age 30					
	Yes	55(51.4)	52(48.6)	107(100)	
	No	2(12.5)	14(87.5)	16(100)	0.01
Menopause after age 50					
	No	50(59.0)	50(50.0)	100(100)	
	Yes	7(30.4)	16(69.6)	23(100)	0.09
Menstrual before age 12					
		51(46.8)	58(53.1)	109(100)	
		6(42.9)	8(57.1)	14(100)	1.0
High fat diet					
	No	39(52.7)	35(47.3)	74(100)	
	Yes	18(36.7)	31(63.3)	49(100)	0.08

(Con't table 8)

Knowledge and Attitudes that are associated with ever having Mammography

Knowledge or Attitude Variable		Ever had Mammography No	Yes	Total	P-Value
		n(%)	n(%)	n(%)	
Cigarette smoking	No	12(42.9)	16(57.1)	28(100)	
	Yes	45(47.4)	50(52.6)	96(100)	0.18
Breast Cancer can be prevented					
	No	38(52.1)	35(67.9)	73(100)	
	Yes	19(38.0)	31(62.0)	50(100)	0.13
Breast self exam finds breast cancer in its very early stages					
	Yes	54(45.8)	64(54.0)	118(100)	
	No	3(64.0)	2(40)	5(100)	0.66
Pap smear finds breast exam					
	Yes	47(49.0)	49(51.0)	96(100)	
	No	10(37.0)	17(63.0)	27(100)	0.27
Clinical breast exam finds breast cancer in its very early stages					
		10(66.8)	5(33.3)	15((100)	
		47(43.5)	61(56.5)	108(100)	0.16
Chest x-rays finds breast cancer					
	Yes	45(42.9)	60(57.1)	105(100)	
	No	12(66.7)	6(33.3)	18(100)	0.64
Mammography finds breast cancer in its very early stages					
	No	28(82.7)	6(17.6)	34(100)	
	Yes	29(32.6)	60(67.4)	89(100)	0.001
Silly to have breast exam when feeling fine					
	Agree	19(54.3)	16(45.7)	35(100)	
	Disagree	38(43.2)	50(56.8)	88(100)	0.27

(Con't table 8)

Knowledge and Attitudes that are associated with ever having Mammography

Knowledge or Attitude Variable		Ever had Mammography No	Yes	Total	P-Value
		n(%)	n(%)	n(%)	
Not good idea to talk about breast cancer					
	Agree	18(58.1)	13(94.9)	31(100)	
	Disagree	39(42.4)	52(57.6)	92(100)	0.13
Breast cancer have been found early					
	No	11(61.1)	7(38.9)	18(100)	
	Yes	46(43.8)	54(56.2)	105(100)	0.29
Early treatment of breast cancer					
	No	8(66.7)	4(33.3)	12(100)	
	Yes	49(44.1)	62(55.9)	111(100)	0.24
Last breast exam was a routine					
	No	43(82.7)	9(17.3)	52(100)	
	Yes	14(19.7)	57(82.3)	71(100)	0.001
Frequency of breast self exam					
	Other	49(62.0)	30(380)	79(100)	
	One at least	8(18.2)	36(81.8)	44(100)	0.001

Table 9:

Knowledge, Attitude and having Mammography by schedule*

Knowledge or attitude Variable		Had Mammography by Schedule Yes	No	Total	P-Value
		n(%)	n(%)	n(%)	
Age 40 years or older associated with breast cancer					
	No	21(25.0)	63(75.0)	84(100)	
	Yes	19(48.7)	20(51.3)	39(100)	0.009
Bruising/bumping the breast associate with breast cancer					
	Yes	37(34.6)	70(65.4)	107(100)	
	No	3(18.7)	13(81.3)	16(100)	0.33
Family hx is a risk factor for breast cancer					
	No	15(21.7)	54(78.3)	69(100)	
	Yes	25(46.3)	29(53.7)	54(100)	0.004
Being overweight					
	No	22(25.9)	63(74.1)	85(100)	
	Yes	18(47.4)	20(52.6)	38(100)	0.02
Being around someone who has Breast Cancer					
	Yes	4(18.2)	18(81.8)	22(100)	
	No	36(35.6)	65(64.4)	101(100)	0.18
Having first child after age 30					
	No	31(29.0)	76(71.0)	107(100)	
	Yes	9(56.3)	7(43.7)	16(100)	0.06
Menopause after age 50					
	No	29(29.0)	71(71.0)	100(100)	
	Yes	11(47.8)	12(52.2)	23(100)	0.08
Menstrual before age 12					
		33(30.3)	76(69.7)	109(100)	
		7(50.0)	7(50.0)	14(100)	0.24
High fat diet					
	No	17(23.0)	57(77.0)	74(100)	
	Yes	23(46.9)	26(53.1)	49(100)	0.005

*According to American Cancer Society's Guidelines

(Con't table 9)

Knowledge, Attitude and having Mammography by schedule*

Knowledge or Attitude Variable		Ever had a Mammography No	Yes	Total	P-Value
		n(%)	n(%)	n(%)	
Cigarette smoking	No	7(25.0)	21(75.0)	28(100)	
	Yes	33(34.7)	62(65.3)	95(100)	0.46
Breast Cancer can be prevented					
	No	23(31.5)	50(68.5)	73(100)	
	Yes	17(34.0)	33(66.0)	50(100)	0.77
Breast self exam finds breast cancer in its very early stages					
	Yes	39(83.0)	79(67.0)	118(100)	
	No	1(20.0)	4(80.0)	5(100)	0.90
Pap smear finds breast exam					
	Yes	31(32.3)	65(67.7)	96(100)	
	No	9(33.3)	18(66.7)	27(100)	1.0
Clinical breast exam finds breast cancer in its very early stages					
	Yes	3(20.0)	12(80.0)	15(100)	
	No	37(34.3)	71(65.7)	108(100)	0.42
Chest x-rays finds breast cancer					
	Yes	35(33.2)	70(66.7)	105(100)	
	No	5(27.8)	13(72.2)	18(100)	0.85
Mammography finds breast cancer in its very early stages					
	No	1(2.9)	33(97.1)	34(100)	
	Yes	39(43.8)	50(56.2)	89(100)	0.001
Silly to have breast exam when feeling fine					
	Agree	9(25.7)	26(74.3)	35(100)	
	Disagree	31(35.2)	57(64.8)	88(100)	0.42
Not good idea to talk about breast cancer					
	Agree	9(29.0)	22(71.0)	31(100)	
	Disagree	31(33.7)	61(66.3)	92(100)	0.80

*According to ACS Guidelines

(Con't table 9)

Knowledge, Attitude and having Mammography by schedule*

Knowledge or Attitude Variable		Ever had Mammography No	Yes	Total	P-Value
		n(%)	n(%)	n(%)	
Breast cancer have been found early					
	No	2(8.0)	23(92.0)	25(100)	
	Yes	43(24.3)	134(75.7)	177(100)	0.12
Early treatment of breast cancer					
	No	2(16.7)	10(83(3)	12(100)	
	Yes	38(34.2)	73(65.8)	111(100)	0.36
Last breast exam was a routine					
	No	6(11.5)	46(88.5)	52(100)	
	Yes	34(47.9)	37(52.1)	71(100)	0.001
Frequency of breast self exam					
	Other	15(19.0)	64(81.0)	79(100)	
	One at least	25(56.8)	19(43.2)	44(100)	0.001

*According to ACS Guidelines

Table 10:

Adjusted odds ratio comparing women having the selected screening practice to women who did not.

Knowledge, Attitude, Practice	Ever clinical Breast exam O.R. (95%CZ)	Clinical breast exam by schedule O.R. (95%CZ)	Ever Mammogram O.R. (95%CZ)	Mammogram by Schedule O.R. (95%CZ)
Have had Pap test by schedule*	0.9 (0.2,3.3)	0.9 (0.5,2.3)	0.6 (0.2-1.8)	1.6 (0.6-4.1)
Knew having first child after age 30 at higher risk of breast cancer	6.1 (20-76.3)	2.4 (0.6-9.0)	6.7 (0.9-46.0)	1.4 (0.3-5.7)
Knew bruising/bumping the breast not associated with breast cancer	3.8 (1.5-21.4)	1.6 (0.7-3.3)	1.2 0.3-5.1)	4.4 (1.0-21.0)
Have had last breast exam as a routine	143.0 (33.0-577.0)	7.1 (0.4-18.9)	13.5 (4.8-38.4)	4.4 (0.7-13.6)
Knew frequency of self-breast exam	14.1 (3.1-64.3)	1.4 (0.7-3.5)	2.9 (0.9-9-3)	2.7 (0.9-21.0)
Have had good knowledge and attitude about breast cancer and prevention	1.4 (0.2-79)	3.9 1.5-9.9)	1.4 (0.2-2-7)	4.2 (1.4-12.8)

*According to ACS Guidelines

Taylor, Beverly D. DAMD17-94-J-4134

Problems: We've had numerous challenges with the implementation of this study. With each problem we requested and received permission to adjust the study to accommodate the communities that participated. The major difficulty encountered was the dismantling of the communities under the Atlanta Housing Authority. These communities have traditionally housed tenants who have very low or no income. Atlanta now has a commitment to integrate residents of middle to high income levels with those who are poor. As a result, the housing communities as they existed in 1994 will no longer exist. Community housing in these areas will be upgraded to improve existing properties and to include homes that cost hundreds of thousands of dollars. Current residents are being moved to Section VIII housing throughout the metropolitan area. Senior citizens and the disabled will have first option on remaining.

We were impacted to such a degree early in the study that one community had to be dropped due to the difficulty we had in contacting participants for the interview. We did identify another community with similar characteristics. We repeated the process of identifying the leadership of the community, introducing them to our goals and objectives, and assigning them to a trained Community Lay Health Worker. This delayed our progress in achieving the activities listed on our pert chart.

Problems encountered when working with our communities:

- Atlanta Housing Authority is dismantling and boarding up many of the communities we had selected for the study
- Some participants moved out of the community with no forwarding address of telephone number
- Some participants (approx. 6) are now deceased
- Some participants now reside in a nursing home
- Apathy, especially in the younger population prohibited women from participating
- politics, internal and external to the community

The changes we've encountered in the administration of low rent housing communities by the Atlanta Housing Authority are being seen in communities throughout the country. This will certainly have an effect on community leadership and community based research in the future.

We also experienced a set-back when one of our more cooperative Tenants Association Presidents became ill and subsequently died. Her community had provided us with the largest number of participants for the initial intervention. This was due largely to her working closely with the CLHW and the Lay Health Worker Supervisor to inform the residents of the workshops and to encourage them to participate. It has been more difficult to get participants for the post-intervention evaluation since her death.

A recurring theme for us when we approached community residents to participate in any aspect of the study was the "What's in it for me ?" question. The grant made no provisions for participants to receive incentives. However, increasingly, the lack of incentives for community based research is a problem. We circumvented the problem during the survey by providing participants with cancer prevention pamphlets, cookbooks and other paraphernalia and "T" shirts that were provided by non-grant contributions.

We had increasing concern for the safety of our workers as they entered the various communities over the three year period of funding. Some of the areas were heavy drug traffic areas. Residents were suspicious of our actions initially. Workers were paired off with each group being inclusive of at least one of the two male team members.

Problems encountered in the "Provider Phase" of the Study: The INFODRAMA is an innovative method of providing medical information to provider audiences. We developed the presentation in such a way that participants could obtain CME credits by attending. We did not anticipate however, the reluctance of conference planners to schedule something as unusual as this. As a result, we found that we were scheduled either during the preconference schedule or during the end of the conference. Attendance was not what was expected in most instances. However, in a focus group format after each presentation, providers were quite open with us regarding why they chose to come and what almost prevented them from coming.

When listed as an INFODRAMA, participants stated that they were hesitant to participate because they were afraid that they would have to be part of the drama; the time that the presentation was offered was a factor; and an uncertainty as to what material would be presented were all factors.

Additionally, we encountered difficulty in obtaining post intervention feed back from providers after repeated attempts through mailed questionnaires. During the next year (we requested and received a one year extension at no cost) we plan to follow up with telephone interviews. Hopefully that data will be presented in the next final report.

Conclusions:.

As stated earlier, we are continuing to evaluate the data so final conclusions are not possible at this time. Previous studies have shown that the overall breast cancer screening rates are greatly influenced by attitudes, knowledge and beliefs; and that encouragement to receive breast cancer screening by the patient's physician or provider influences a woman's decision to get a mammogram. Our finding so far, show a strong correlation between a woman's practice of getting a mammogram within the past year if she scores high in knowledge and positive attitude. These women would also be more positive about breast cancer prevention and control in general. We can also see an association in breast cancer screening rates with marital status, employment history, one's opinion of their own health and family history of the disease. This indicates that women who have a strong support system get encouragement to do regular screens.

Lifetime history of clinical breast examination was not significantly associated with many of the independent variables in this study. The three variables associated with clinical breast exams were: familial history of breast cancer, likelihood of breast cancer, and belief in breast cancer prevention. Women who were not sure of their familial breast cancer history, who thought they had little chance of getting breast cancer, and who only moderately believed in breast cancer prevention were most likely to have never had a clinical breast examination in their lifetime. This directly disputes Tarpin, et al., who found that a family history of breast cancer or little knowledge of the fact was associated with greater participation in a breast cancer screening program. Price, et. al., on the other hand, found that economically disadvantaged Black women with a low perception of breast cancer susceptibility were least likely to receive screening than those without this perception.

It is apparent that in this population the effects of poverty, single parenthood, employment history and lack of knowledge about the prevention of breast cancer are key barriers that we must face in order to improve mammography utilization.

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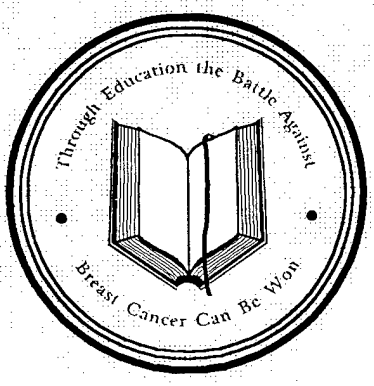
Morehouse School of Medcine

Breast Health Education Study Training Manual

Prepared by:

The National Black Leadership
Initiative on Cancer - Southern Region
Atlanta Coalition on Breast Health



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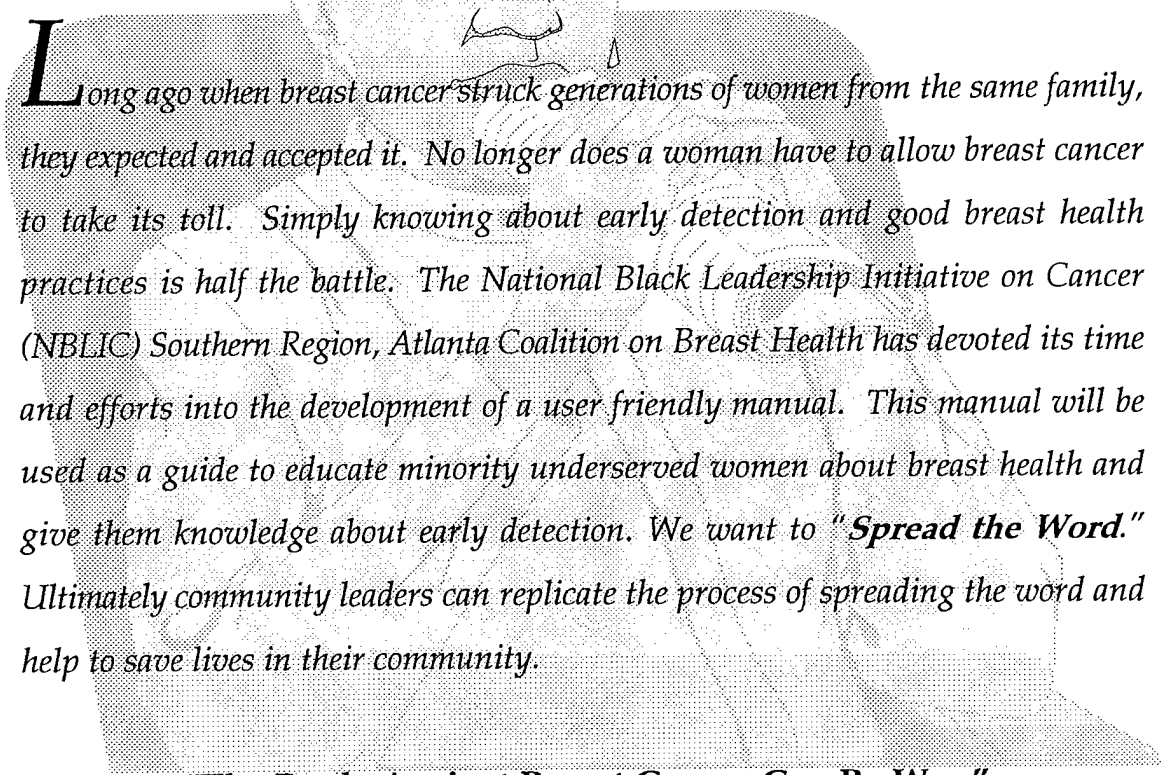
PREFACE

Over the years many women, especially black American women, have died needlessly of a dreadful disease. It has robbed many families of their mothers, grandmothers, sisters, and aunts. It paid no mind to the sorrow it caused, and made many tributes to the deaths it delivered. It will continue to strike until a cure is found, but it doesn't have to be devastating. We know this disease as ***breast cancer.*** *Breast Cancer is hardly a woman's best friend, but it is an enemy she can beat.*



*Long ago when breast cancer struck generations of women from the same family, they expected and accepted it. No longer does a woman have to allow breast cancer to take its toll. Simply knowing about early detection and good breast health practices is half the battle. The National Black Leadership Initiative on Cancer (NBLIC) Southern Region, Atlanta Coalition on Breast Health has devoted its time and efforts into the development of a user friendly manual. This manual will be used as a guide to educate minority underserved women about breast health and give them knowledge about early detection. We want to "****Spread the Word.****" Ultimately community leaders can replicate the process of spreading the word and help to save lives in their community.*

"The Battle Against Breast Cancer Can Be Won"

IN MEMORY OF ALL THE WOMEN WHO HAVE LOST THEIR LIVES TO BREAST CANCER

ACKNOWLEDGMENTS

The National Black Leadership Initiative on Cancer (NBLIC) Southern Region is grateful to its staff and the Atlanta Coalition on Breast Health members who contributed to the development and successful completion of the Breast Health Education Study Manual.

A personal thanks to the following members, whose individual input was endowed by their expertise and commitment to this project:

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A special thanks to our partner, the American Cancer Society, Georgia Division for allowing NBLIC to adapt much of its training material for the manual. All material will be used for education purposes only. Materials such as diagrams, questions and answers taken from other divisions of ACS have been stated and referenced.

PURPOSE

The purpose of this training manual is to educate minority and underserved women about their breasts. It is designed to be culturally sensitive. The content includes materials for appropriate reading levels, information on the incidence of breast cancer among black women, risk factors for breast cancer including diet and the importance of early detection and screening guidelines. This manual encourages replication for the purpose of community based cancer education and screening programs.

GOALS

The goal of the training manual is to:

- Empower minority and underserved women to rely on themselves and each other as well as community resources for early detection of breast cancer.
- Teach Breast Self Examination technique
- Clarify and discuss common barriers, myths, and misconceptions about breast cancer and mammography.
- Identify the relationship between diet and risks of developing cancer.

Breast Cancer Overview

BREAST CANCER OVERVIEW

Breast cancer is the most common major cancer among women in the United States. Each year more than 180,000 women in this country will learn they have breast cancer. Over all ages combined, white women are more likely to develop breast cancer than African American women. However, African American women are more likely to die from the disease; probably due to diagnosis in a more advanced stage. African American women are also more likely to develop breast cancer younger than 45 years of age. Women of higher socioeconomic status, married women, women living in urban versus rural areas, and women of northern states have the highest rates. Breast cancer not only occurs in women; although rare, it affects more than 1,000 men in this country each year. It is estimated that 46,300 people will die from breast cancer each year; 300 of those deaths will be men.

All women are at risk of developing breast cancer. One out of eight women in the United States will develop breast cancer during her life time, including those with no family history of the disease. Overall, the risk tends to increase with age. According to the American Cancer Society (ACS), older women are at a much higher risk of developing breast cancer and dying from it than younger women. ACS reports that 77 percent of the new diagnosis of Breast cancer each year, occur in women over the age of 50. Despite the fact that older women are at a higher risk, breast cancer screening rates decline with increasing age.

Other risk factors for developing breast cancer include:

- History of breast cancer in close family relatives (grandmother, mother, sister, aunt)
- Late age menopause
- Onset of menses before age 12
- Never given birth
- Obesity (40% above normal weight)
- More than 30 years old at the birth of first child
- A personal history of breast cancer (has had it before)

It is important to keep in mind that these factors do not cause breast cancer but are merely associations that may increase cancer risks. Having one or more of these risks factors, does not mean a woman is certain to develop breast cancer. There is no way to prevent breast cancer, therefore, finding the disease as early as possible is the primary goal. When breast cancer is detected and treated early, the chances of survival increases. Women also have more of a choice, for example: a lumpectomy as opposed to a mastectomy.

According to the most recent available data, the overall five year relative survival rate for breast cancer by stage of disease at diagnosis for all women are specifically: 97 percent when diagnosed at a local stage (confined to the breast). 76 percent when diagnosis include regional spreading (cancer has spread to surrounding tissue). 20 percent when cancer is diagnosed at a distant stage (cancer has spread or metastasized to surrounding and distant tissue).

The five year relative survival rates are used to monitor progress in early detection and treatment of cancer and includes persons who are living five years after diagnosis, whether in remission, disease free, or under treatment. The survival rate is observed among a group of cancer patients, compared with the survival rates of persons in the general population, who are similar to the patient group with respect to age, gender, race and the calender year of observation.

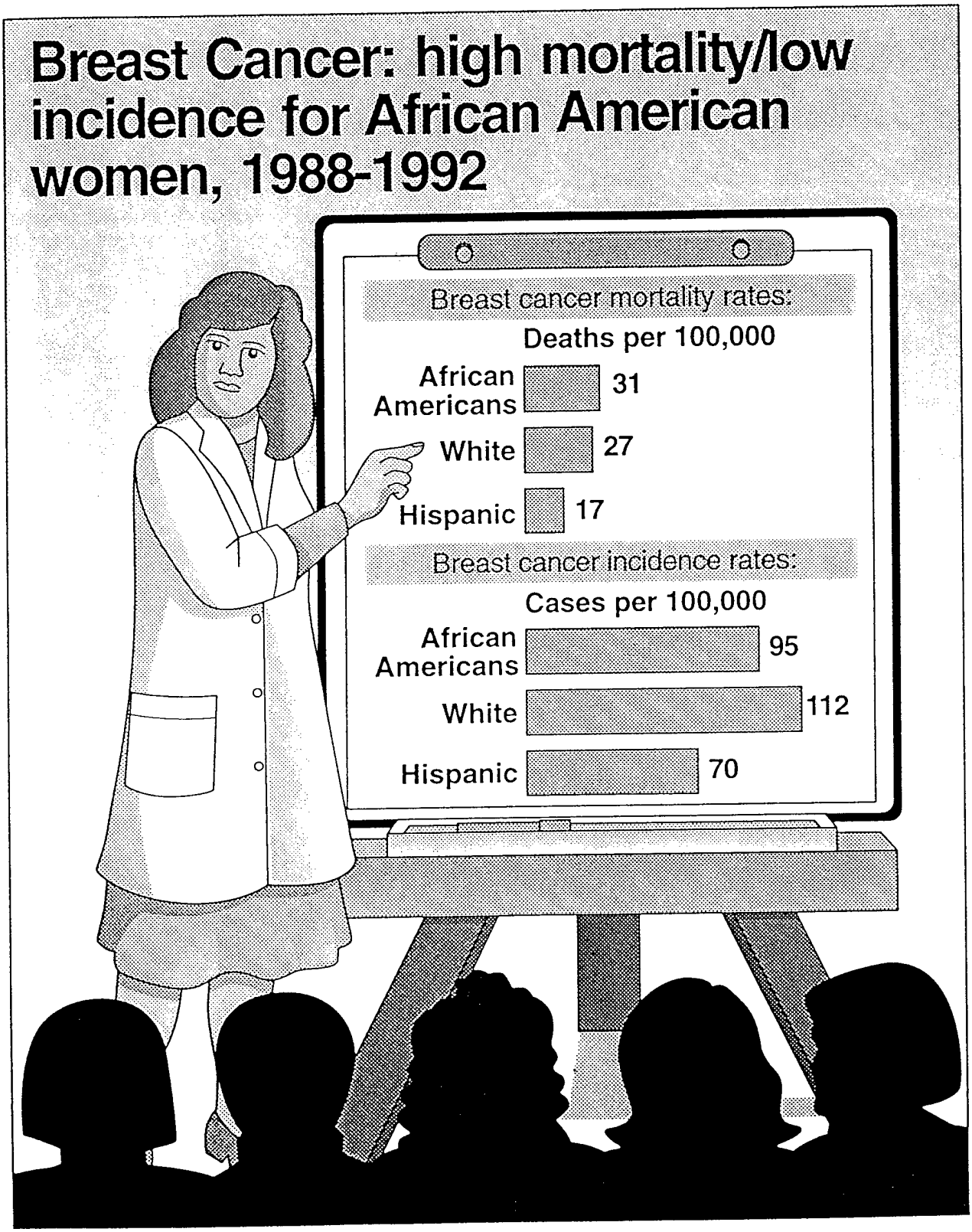
The National Cancer Institute's latest finding suggests, a decline in the breast cancer death rate among American women through 1993. These findings indicate improved breast cancer management from early detection to treatment is having a beneficial effect. The mortality rate in white women has improved markedly in the 1990's compared to the 1980's. As for black women, increased mortality persists especially among older women. However, the overall increase has slowed significantly.

Who is less likely to be Screened?

* **Women with less than a high school education**
* **Poorer Women (household income less than 15,000)**
* **Older women (age 70 and older)**
* **Women who have never had a complete breast exam (these women are very unlikely to have had a mammogram or to perform breast self examination)**
* **Women with no regular source of medical care**

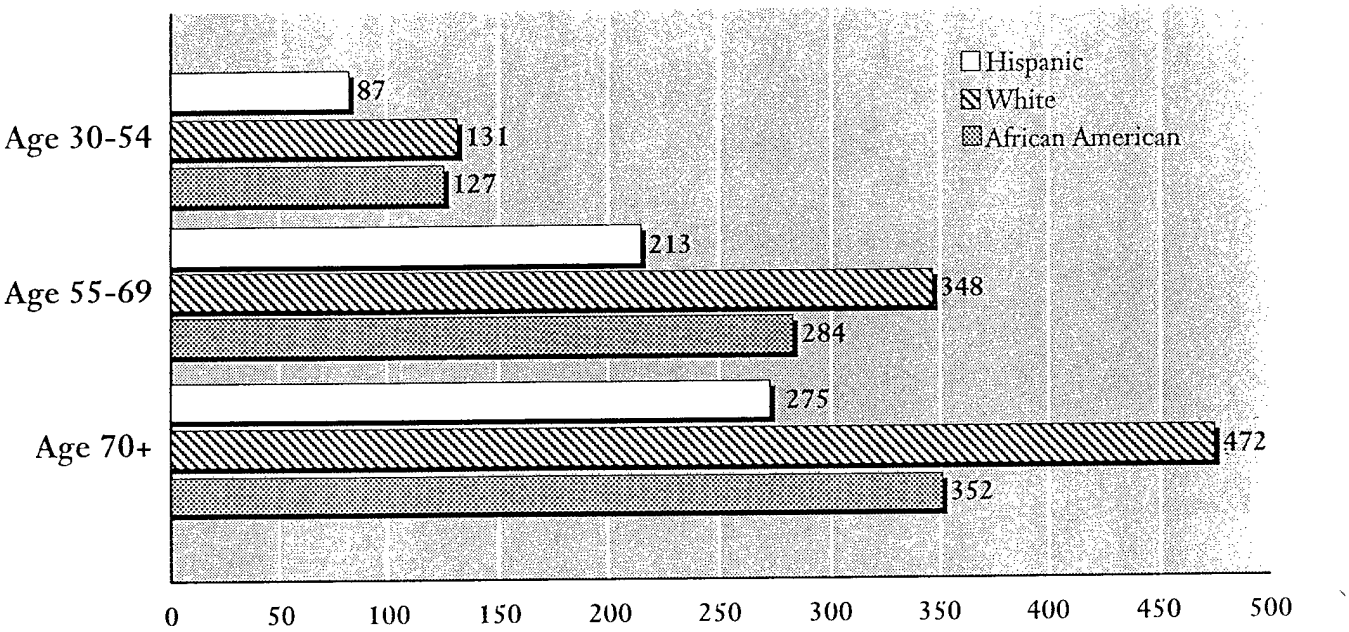
According to NCI, racial differences in mortality rates in the United States depend on several factors including: risk of developing breast cancer, access to screening and early detection, treatment and medical follow-up and supportive care.

Breast Cancer: high mortality/low incidence for African American women, 1988-1992



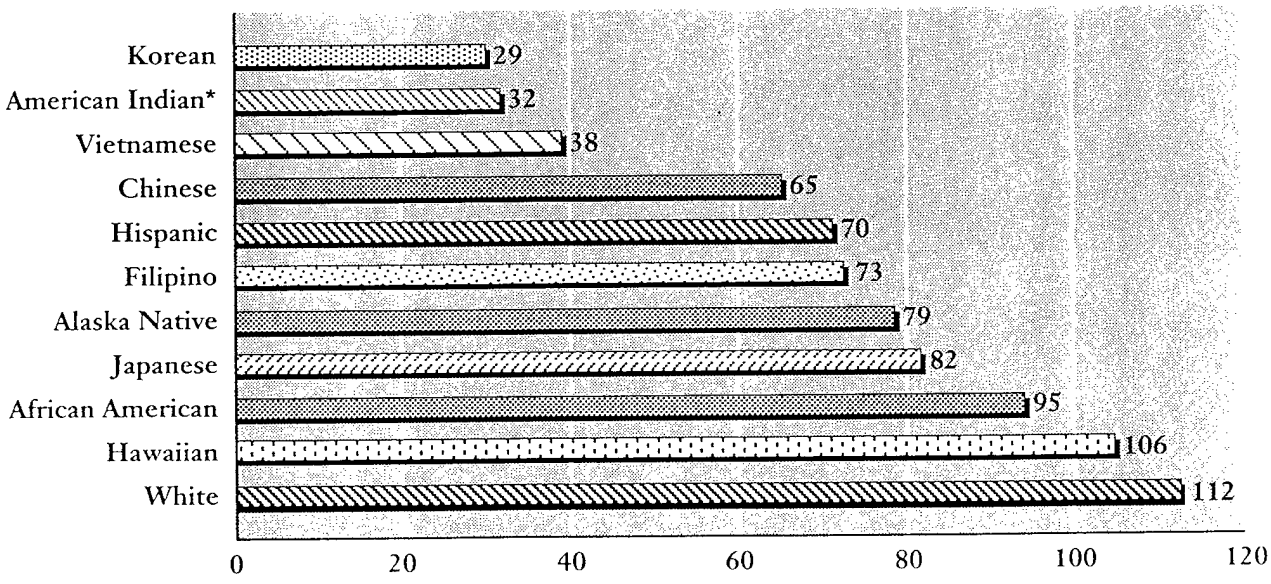
Source: Racial/Ethnic Patterns of Cancer in the United States 1988-1992 (in press)
National Cancer Institute

Breast Cancer Incidence by Age, 1988-1992



Average annual incidence rates per 100,000 women, age-adjusted to 1970 U.S. standard population.
Data Source: Racial/Ethnic Patterns of Cancer in the United States, 1988-1992 (in press), National Cancer Institute Surveillance, Epidemiology, and End Results Program.

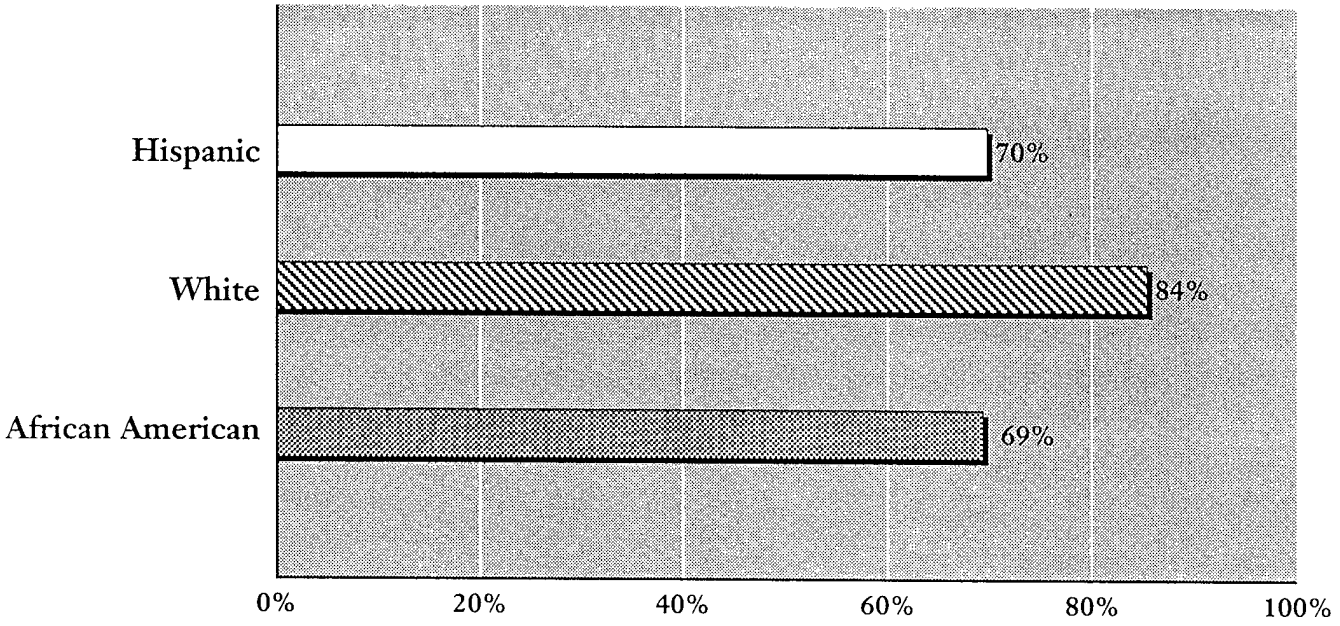
Breast Cancer Incidence for U.S. Women, 1988-1992



* Rates represent American Indians in New Mexico only.

Average annual incidence rates per 100,000 women, age-adjusted to 1970 U.S. standard population.
Data Source: Racial/Ethnic Patterns of Cancer in the United States, 1988-1992 (in press), National Cancer Institute Surveillance, Epidemiology, and End Results Program.

Breast Cancer 5-Year Relative Survival Rates for U.S. Women



Relative survival rates are adjusted for expected deaths from other causes and are higher than observed survival rates.
Data Source: National Cancer Institute Surveillance, Epidemiology and End Results Program, 1995 (Whites and African Americans). NCI Initiatives for Special Populations, 1973-1994 (Hispanics, New Mexico only.)

84% of White women diagnosed and treated with breast cancer, are living 5 years after diagnosis either in remission, disease-free, or under treatment; compared to 70% of Hispanic women and only 69% of African-American women.

Barriers/Myths/Misconceptions

BARRIERS\BELIEFS\MYTHS\MISCONCEPTIONS

Black American women are less likely to develop breast cancer than white American women. However, they are more than likely to die from the disease. There is no one answer to this problem, but there are major factors that contribute to it, such as barriers, beliefs, myths and misconceptions. We will take a closer look at each of these factors.

BARRIERS

In the black community, there are many barriers that get in the way of health care delivery that are very often over looked; some of which are deeply rooted. Historically blacks had little to no access into the health care system. As a result they relied mostly on home remedies, some worked and some didn't. They made many self diagnosis and relied heavily on their religion. Illnesses such as cancer (the big C) were considered taboo and kept hush-hush. In obtaining some access into the health care system, they were often misrepresented. After the Tuskeegee experiment, they learned not to trust white physicians. Those who had physicians they could trust, did not venture out for second opinions because of the strong sense of loyalty. Many of these barriers still exist in the black community. Today even in acquiring access into the health care system, "access" is still denied, due to even more barriers.

Fear is perhaps the most common barrier that is shared by everyone. Among blacks as well as the poor, early medical attention will not be sought because of fear of learning of a deadly disease which will become another burden in their lives. Such fears can be approached by constantly reinforcing the benefits of early detection. Across the board, family structure is changing in America, creating many households led by single parents; mainly black American women. Many of these women fall in a low socioeconomic status, which means they are more likely to lack health insurance, less likely to have access to screening tests and good medical care and more likely to have over burdened lives, which leaves them little to no time for themselves. The "if it's not broken don't fix it" attitude infiltrates. Such barriers have been detrimental to black American women with breast cancer.

Another barrier includes lack of information in the black community. According to a survey conducted by the American Cancer Society, awareness and the use of cancer screening tests are lower among blacks than whites, leaving blacks less know-ledgeable about cancer and its warning signs. Few existing cancer education material feature blacks, as a result cancer is viewed as a disease not likely to affect them. They do not see it as their problem. It can be concluded that information needs to be ethnically and culturally sensitive and suited for various reading levels.

BELIEFS

Belief systems play an important role in every culture. They can be very strong and many of them are centered around religion. Unfortunately, some can become barriers. Encountering a dreadful disease such as cancer, blacks tend to perpetuate a belief, that a diagnosis of cancer is a death sentence (Why bother with treatment, when it's your time to die it's going to happen anyway). As if it were a destiny to die with such a disease. Treatment is a long and painful process, but life can prevail. Sadly, many see only death. It is not realized that cancer can be cured if it's detected early, offering more options.

MYTHS

Myths and beliefs are closely related. Like beliefs, they can be culturally inclined or community confined. They can also become barriers. One such myth that is confined to a community is "cancer is a curse." This type of attitude leaves no place for hope, only despair as it submits to death. Another myth which is culturally inclined "cancer is contagious", is one of alienation. This myth was probably the reason why the disease was kept hush-hush in black cultures. When a family member becomes a victim of cancer, the bonds between family, friends and relatives are most important. This is the time when all should come together to promote courage and explore all options. Cancer is not a curse nor is it contagious. It is one of the many challenges in life to overcome.

MISCONCEPTIONS

A misconception is an incorrect interpretation or understanding. Misconceptions are found in all socio-economic classes and vary from culture to culture. It can be general, religious, or medical. When it is medically inclined, it can be very harmful because it becomes a barrier, which gets in the way of health care delivery. A common misconception about breast cancer, "I won't get breast cancer because it doesn't run in my family." The truth is that 80 percent of the women who develop breast cancer, have no family history of the disease. While chances of getting breast cancer increases if a close family member has it (grandmother, mother, sister, aunt), this does not mean that a woman is free of all risks. Another common misconception, "Cancer spreads as soon as it's exposed to air." The fact is, many black American women are most often detected with breast cancer in its later stages, when it has already begun to spread. Recent studies also suggests that breast cancer appear to be more aggressive among black American women, reflecting a faster rate of tumor growth and is more likely to be estrogen receptor negative and difficult to treat. Given these factors, early detection and a good breast health plan is even more vital to black women.

DISCUSSION

Beliefs, myths and misconceptions are all barriers which create attitudes that get in the way of health care delivery. Such barriers can be removed over a gradual process. Implementing education and raising awareness via workshops, health fairs and the media are key tools. Additionally, cancer control and screening programs which are affordable must also be provided. Otherwise, they will not be utilized. The black community has become very cautious and is is not very receptive to those who are not apart of the community. In reaching the population, activities and programs must somehow be coordinated into their lifestyles. This means, working with the churches they attend, the schools their children attend and working with identified community leaders.

Diet, Nutrition and Cancer Prevention

CANCER PREVENTION: DIET AND NUTRITION

The most effective way to avoid developing cancer is to lower the risk factors. A risk factor is defined as any behavior or condition that increases the likelihood of developing cancer. Diet and nutritional risk factors are among the easiest to manage by the individual. The American Cancer Society has the following recommendations on diet and nutrition:

(1) Maintain a low-fat and high fiber diet
and
(2) Follow the 5-A-Day For Better Health Program

The 5-A-Day For Better Health Program is one of the first national nutrition programs to approach Americans with a simple and positive message to eat 5 or more servings of fruits and vegetables every day for better health. The program is jointly sponsored by the National Cancer Institute and the Produce for Better Health Foundation, a non-profit consumer education foundation representing the fruit and vegetable industry. Their goals are to increase the average consumption of fruits and vegetables to 5 servings daily by the year 2000.

Maintaining a low fat diet is helpful because high fat diets and obesity are associated with an increased risk of breast cancer development. Fruits and vegetables are lower in calories and fat, and high in vitamins, minerals and fiber. It has been demonstrated that women who eat at least five servings of fruits and vegetables per day are generally in better health, have stronger immune systems, and have a lower risk of developing breast cancer. Numerous studies have shown a link between certain foods and the risk of developing certain cancers. Some experts believe that about 35 percent of cancer deaths may be related to what we eat.

Three Reasons Why High-Fat Diets Are Associated With Breast Cancer Development

1) High fat diets produce large amounts of sterol chemicals and bile acids which the body is able to convert into carcinogenic estrogens and other harmful compounds.

2) Diets high in animal fat weaken the immune system by lowering antibody production.

3) Consumption of high levels of polyunsaturated fats may increase the levels of prolactin, a hormone possibly associated with breast cancer development.

To determine grams of fat and saturated fatty acids for any caloric level, use the following calculations:

- Multiply calories per day by 0.30 (30%) to get calories from total fat per day *(2000 calories x 0.30 = 600 calories from fat).*

- Divide the calories from total fat by 9 (calories in each gram of fat) to get grams of total fat per day *(600 divided by 9 = 65 grams of total fat).*

- Divide the grams of total fat per day by 3 to get grams of saturated fatty acids providing 10% of calories *(65 divided by 3 = 21.6 (22)).*

In addition to lowering fat intake, women should also avoid foods that are high in cholesterol. High blood cholesterol levels increase the amount of cholesterol epoxide, a carcinogen found in breast fluid. In contrast to fat and cholesterol which are dietary components that should be lowered; vitamin E and fiber should be increased. It is believed that cells become cancerous when free radical producers like radiation and cigarette smoke damage the genetic machinery that controls cell division, causing cells to multiply out of control. Particularly vulnerable are the cells fat. It is thought that by protecting them, vitamin E keeps the cancer process from starting. Vitamin E would probably be more effective in tissues associated with fats, such as the breasts, lungs, and colon.

Fiber or roughage, will not cure or prevent all disease, but it should be a part of a healthy diet. It is found only in plants and varies from one kind of plant to another and may vary within a species or variety. By eating a variety of fruits, vegetables and legumes (a pod such as that of a pea or bean), all the different types of fibers are

incorporated into the diet. Water **insoluble** fibers act like sponges holding water and cleaning your intestines as they pass through. This cleaning action may prevent cancer causing substances from remaining in the intestines long enough to cause cancer. Water **soluble** fibers lowers blood cholesterol, decreasing the risk of heart disease. They also help control blood sugar by slowing down the rate food leaves the stomach.

Fiber is a very important part of the diet and cancer prevention puzzle. Eating 5-7 servings of fruits and vegetables per day will help insure the recommended amount of fiber and all the other potential beneficial substances in fruits and vegetables. Yet the average person in this country does not eat the recommended number of servings of fruits and vegetables. The average is just slightly over 3 servings per day. The reasons given why includes:

- Cost of fresh produce especially out of season
- Perceived lower nutrient value of canned vegetable
- Feeling that vitamin supplements give everything needed
- Foods don't taste as good as they use to
- Chewing problems
- Special restricted diets
- Lack of knowledge about the importance of eating fruits and vegetables
- Difficulty preparing fresh fruits and vegetables (ie. individuals with arthritis)

Three Reasons to Maintain a High Fiber Diet

1) Fiber binds and helps to inactivate bile acids, cholesterol and other carcinogens, thereby acting as a protective agent for the body.

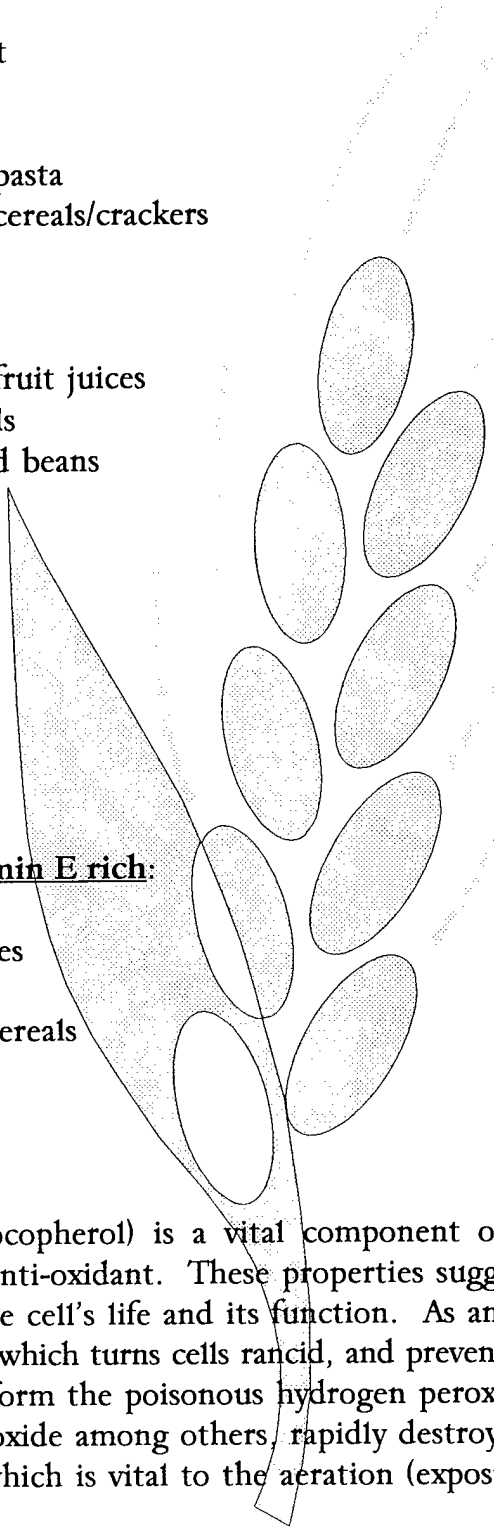
2) Fiber also helps to maintain healthy intestinal flora (bacteria) to prevent the secretion of carcinogenic compounds.

3) Fiber increases the weight of stool and the rate at which carcinogens are excreted from the body.

NUTRITION SOURCES

<u>Foods that are high in fiber</u>:

- Brussels sprout
- Broccoli
- Cabbage
- Whole-wheat pasta
- Whole-wheat cereals/crackers
- Whole grain
- Rice
- Carrots
- Unsweetened fruit juices
- All bran cereals
- Dried peas and beans
- Prunes
- Raisins
- Yams
- Apples
- Bananas
- Grapefruits
- Oranges
- Pears



<u>Foods that are Vitamin E rich</u>:

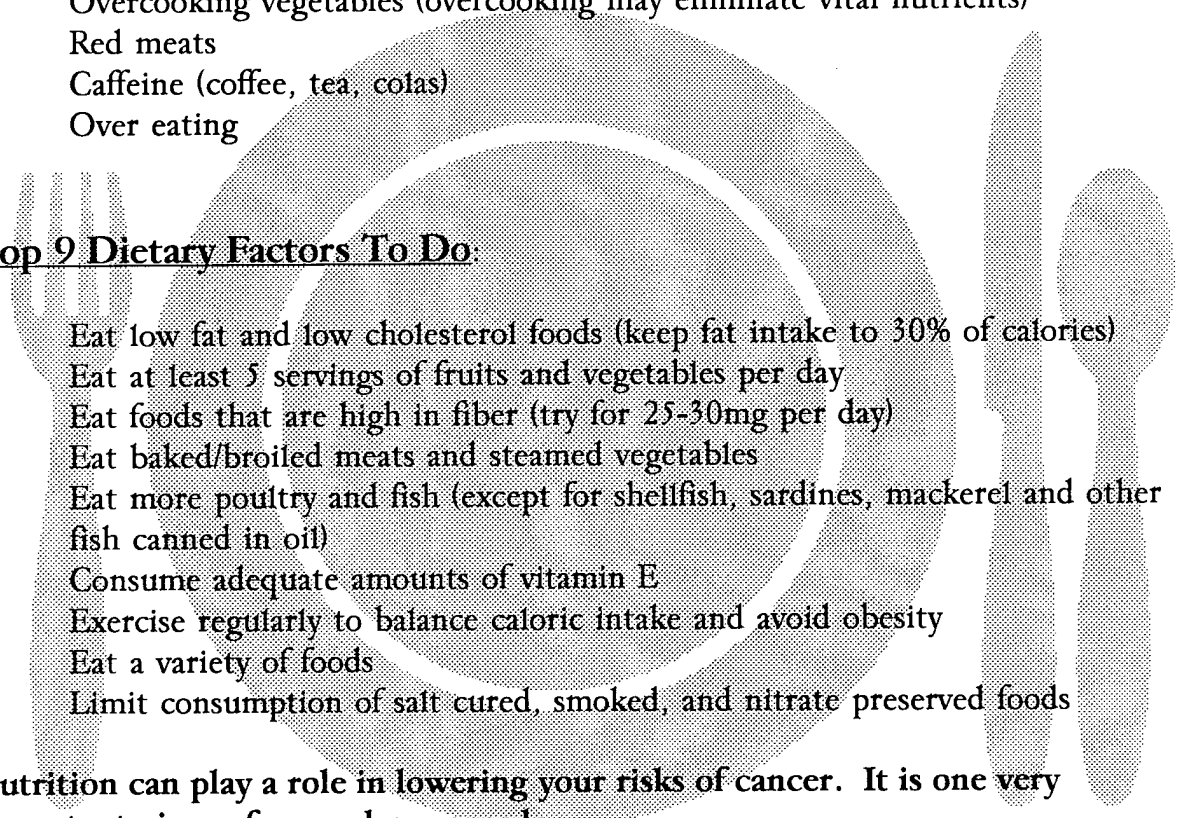
- Leafy vegetables
- Wheat germ
- Whole grain cereals
- Vegetable oils
- Milk
- Eggs

Vitamin E (alpha tocopherol) is a vital component of the blood. It is an oxygen conservator and an anti-oxidant. These properties suggests that vitamin E possess the ability to improve the cell's life and its function. As an anti-oxidant, vitamin E delays the oxidative process which turns cells rancid, and prevents oxygen from combining with cellular wastes that form the poisonous hydrogen peroxide (H2O2), which is deadly to cells. Hydrogen peroxide among others, rapidly destroys red blood cells as well as the enzyme "***catalase***" which is vital to the aeration (exposure to the circulation of air for purification) of cells.

DO'S AND DON'TS TO REDUCE RISKS OF BREAST CANCER

Top 9 Dietary Factors To Avoid:

1. Fried and high fat foods
2. High cholesterol foods
3. Foods cooked over charcoals, smoked or pickled
4. Fruits and vegetables exposed to pesticides (wash them thoroughly)
5. Processed foods including luncheon meats
6. Overcooking vegetables (overcooking may eliminate vital nutrients)
7. Red meats
8. Caffeine (coffee, tea, colas)
9. Over eating



Top 9 Dietary Factors To Do:

1. Eat low fat and low cholesterol foods (keep fat intake to 30% of calories)
2. Eat at least 5 servings of fruits and vegetables per day
3. Eat foods that are high in fiber (try for 25-30mg per day)
4. Eat baked/broiled meats and steamed vegetables
5. Eat more poultry and fish (except for shellfish, sardines, mackerel and other fish canned in oil)
6. Consume adequate amounts of vitamin E
7. Exercise regularly to balance caloric intake and avoid obesity
8. Eat a variety of foods
9. Limit consumption of salt cured, smoked, and nitrate preserved foods

Nutrition can play a role in lowering your risks of cancer. It is one very important piece of a very large puzzle.

PHYTOCHEMICALS

- Phytochemicals are other chemicals in food that may play a role in cancer prevention.
- Soy products contain Phytochemicals called *phytoestrogens* and these are being studied because Asian women, whose diets are high in soy products, have very low rates of breast cancer.
- There are many different Phytochemicals found in fruits and vegetables.
- Quite a bit of research is being done on Phytochemicals in food absorption and utilization.

SULPHOROPHANE

- Sulphorophane is one of a group of compounds found naturally in food called, *isothiocyanates.*
- Isothiocyanates are high in cruciferous vegetables such as broccoli, cauliflower, Brussels sprout and cabbage.
- Some research has shown isothiocyanates to increase the activity of enzymes involved in the detoxification of carcinogens and other foreign compounds.
- Sulphorophane is one isothiocyanate that appear to be an exceptionally potent inducer of detoxification enzymes.
- Sulphorophane is an organosulfur compound. It is said to have kept laboratory animals from getting breast cancer by boosting synthesis of anticancer enzymes. After entering the blood stream, it circulates and triggers one of the body's defense systems by activating a group of proteins called phase 2 - enzymes.

ALCOHOL

Excessive alcohol consumption can contribute to many problems including cancer of the head, neck, liver, breast and pancreas. Excessive drinking of alcohol, combined with cigarette smoking, greatly increases the risk of cancer of the mouth, larynx, esophagus and respiratory tract. Heavy drinking alone can double or triple the risk of oral cancer, but when combined with heavy smoking, the risk is as high as 15 times that of nonsmokers and nondrinkers.

<u>In place of drinking alcohol try drinking</u>:

* Water
* Vegetable Juices
* Fruit punches
* Club soda
* Sparkling fruit juices
* Plain fruit juices

One of the most encouraging facts to emerge from cancer research in this decade is the accumulating evidence, that nutrition may be a factor in the development of certain cancers. These facts are encouraging because what we put in our mouths is one of the few things we can control and change. Based on hundreds of studies, the National Cancer Institute estimates that about one third of all cancers are in some way linked to diet. Yet many Americans remain either unaware of the diet disease connection or unsure of what action to take.

We don't have to give up any of the foods we like to protect against cancer risks. The idea is to choose **more often** the foods that may help decrease the risks of cancer and to choose **less often** the foods that may increase the risks of cancer. Changing the way favorite foods are prepared can also help. Start with the changes that are easiest. Changes don't have to be made over night. By taking enough time to think and plan each day before buying, preparing and serving foods, we can help protect ourselves and our families from certain cancers and from heart disease, high blood pressure and other chronic diseases.

FOOD GUIDE PYRAMID

A Guide to Daily Food Choices

The Pyra s an outline of what to eat each day. It's not a rigid prescription, but a general guide that lets you choose a healthful diet that's right for you. The Pyramid calls for eating a variety of foods to get the nutrients you need and at the same time the right amount of calories to maintain a healthy weight.

The **Food Guide Pyramid** emphasizes foods from the five food groups shown in the three lower sections of the Pyramid.

Each of these food groups provides some, but not all, of the nutrients you need. Foods in one group can't replace those in another. No one food group is more important than another—for good health, you need them all.

17-HPP

Source: U.S. DEPARTMENT OF AGRICULTURE and the U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Provided by the Education Department of the NATIONAL LIVE STOCK AND MEAT BOARD

How Many Servings Do You Need?

The **Food Guide Pyramid** shows a range of servings for each food group. The number of servings that are right for you depends on how many calories you need. Calories are a way to measure food energy. The energy your body needs depends on your age, sex and size. It also depends on how active you are.

In general, daily intake should be:

- ▲ 1,600 calories for most women and older adults;
- ▲ 2,200 calories for kids, teen girls, active women and most men; and
- ▲ 2,800 calories for teen boys and active men.

Those with lower calorie needs should select the lower number of servings from each food group. Their diet should include 2 servings of meat for a total of 5 ounces. Those with average calorie needs should select the middle number of servings from each food group. They should include 2 servings of meat for a total of 6 ounces. Those with higher calorie needs should select the higher number of servings from each food group. Their diet should include 3 servings of meat for a total of 7 ounces. Also, pregnant or breastfeeding women; teens; or young adults up to age 24 should select 3 servings of milk.

The amount of food that counts as one serving is listed below. If you eat a larger portion it is more than one serving. For example, a slice of bread is one serving, so a sandwich for lunch would equal two servings.

For mixed foods, estimate the food group servings of the main ingredients. For example, a large piece of sausage pizza would count in the bread group (crust), the milk group (cheese), the meat group (sausage) and the vegetable group (tomato sauce). Likewise, a helping of beef stew would count in the meat group and the vegetable group.

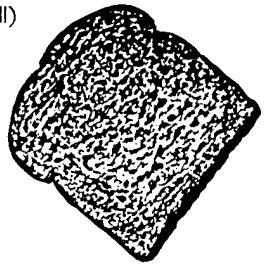
What Counts as a Serving?

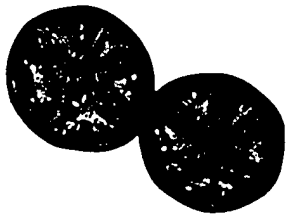
Bread, Cereal, Rice & Pasta Group

- 1 slice bread
- 1 tortilla
- ½ cup cooked rice, pasta or cereal
- 1 ounce ready-to-eat cereal
- ½ hamburger roll, bagel or English muffin
- 3-4 plain crackers (small)
- 1 pancake (4-inch)
- ½ croissant (large)
- ½ doughnut or danish (medium)
- 1/16 cake (average)
- 2 cookies (medium)
- 1/12 pie (2-crust, 8")

Vegetable Group

- ½ cup chopped raw or cooked vegetables
- 1 cup raw, leafy vegetables
- ¾ cup vegetable juice
- ½ cup scalloped potatoes
- ½ cup potato salad
- 10 French fries





Fruit Group

- 1 piece fruit or melon wedge
- ¾ cup fruit juice
- ½ cup chopped, cooked or canned fruit
- ¼ cup dried fruit

Milk, Yogurt & Cheese Group

- 1 cup milk or yogurt
- 1½ ounces natural cheese
- 2 ounces process cheese
- 2 cups cottage cheese
- 1½ cups ice cream or ice milk
- 1 cup frozen yogurt

Meat, Poultry, Fish, Dry Beans, Eggs & Nuts Group

2½ to 3 ounces cooked lean beef, pork, lamb, veal, poultry or fish

Count ½ cup cooked beans or 1 egg or 2 tablespoons peanut butter or ⅓ cup nuts as 1 ounce of meat

Fats, Oils & Sweets

use sparingly

Lean Meat Choices

BEEF

Round Tip
Top Round
Eye of Round
Top Loin
Tenderloin
Sirloin

PORK

Tenderloin
Boneless Top Loin Chop
Boneless Ham, Cured
Center Loin Chop

LAMB

Loin Chop
Leg

VEAL

Cutlet
Loin Chop

Adapted from the **Food Guide Pyramid**, Home and Garden Bulletin Number 252, U.S. Department of Agriculture, Human Nutrition Information Service
FOOD MODELS courtesy of NATIONAL DAIRY COUNCIL®

Published by the Education Department
NATIONAL LIVE STOCK AND MEAT BOARD
444 NORTH MICHIGAN AVENUE
CHICAGO, ILLINOIS 60611

FRUITS

	Total fat (grams)	Saturated fatty acids (grams)	Cholesterol (milligrams)	Calories
Apple, 1 medium	trace	trace	0	80
Avocado, 1/2 medium	15	2	0	160
Banana, 1 medium	1	trace	0	105
Olives, 5 large				
Green	3	trace	0	25
Ripe	3	trace	0	30
Orange, 1 medium	trace	trace	0	60
Peach, 1 medium	trace	trace	0	40
Strawberries, 5 berries	1	trace	0	20
Mixed fruit cup with cream dressing, 1/2 cup	3	2	9	80

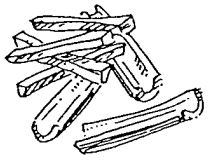
FATS, OILS, SWEETS

	Total fat (grams)	Saturated fatty acids (grams)	Cholesterol (milligrams)	Calories
Butter, 1 tbsp.	12	7	31	100
Butter-margarine blend, 1 tbsp.	12	5	16	100
Margarine, 1 tbsp.				
ft	12	2	0	100
Stick	12	2	0	100
Liquid (squeezable)	12	2	0	100
Diet	6	1	0	50
Vegetable oil (corn), 1 tbsp.	14	2	0	120
Hydrogenated vegetable shortening, 1 tbsp.	13	3	0	115
Salad dressing, 1 tbsp.				
Mayonnaise (regular)	12	2	7	100
Mayonnaise, reduced-calorie	5	1	5	50
Mayonnaise-type	7	1	4	70
Mayonnaise-type, reduced-calorie	4	1	4	45
Italian, low-calorie	1	trace	1	15
Italian	7	1	0	70
Cream, 1 tbsp.				
Sour	3	2	6	30
Light (table)	3	2	10	30
Nondairy, frozen	1	trace	0	20
Cream cheese	5	3	16	50
Cake, devil's-food, frosted, 1/12 8-inch	16	5	32	405
Brownie, 1	9	3	23	175
Pie, apple, 1/8 9-inch	22	5	0	455
Cheesecake, 1/12 9-inch	25	10	86	405
Sherbet, 1/2 cup	2	1	7	135
chocolate bar, 1 oz.	9	5	6	145

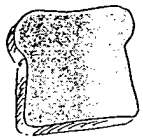
How much fat is that?

It's hard to visualize a gram of fat; but we can see **teaspoons** of fat. Look at the teaspoons of fat in a few foods from the "Primer." (Count 1 teaspoon for each 4 grams of fat.)

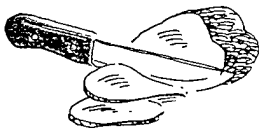
Now try to visualize fat in other foods in the Primer or when you read food labels.



Carrot and celery sticks = 0 (no fat)

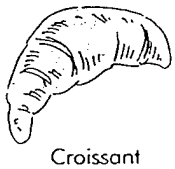


Slice of bread = 1/4 teaspoon of fat



3 ounces lean beef from lean cut = 1 teaspoon of fat

Creamy coleslaw *(1/2 cup)* = 3 teaspoons of fat



Croissant = 3 teaspoons of fat

2 frankfurters *(3 ounces)* = 7 teaspoons of fat

PRIMER

ON FAT, SATURATED FAT, AND CHOLESTEROL IN FOODS

BREADS, CEREALS, RICE, PASTA

	Total fat (grams)	Saturated fatty acids (grams)	Cholesterol (milligrams)	Calories
Bread, 1 slice				
White	1	trace	trace	70
Whole-wheat	1	trace	0	65
Bagel, with egg, 1	1	trace	14	155
Biscuit, 1 medium	3	1	2	105
Roll, dinner, 1	2	trace	0	85
Croissant, 1 medium	12	7	62	230
Muffin, 1 large	6	2	44	185
Pancake, 1 medium	3	1	26	90
Waffle, 1 medium	5	2	39	205
Doughnut, yeast, 1	14	5	21	245
Danish pastry, 1 (2 oz.)	13	4	49	240
Oatmeal, cooked, 1/2 cup	1	trace	0	70
Shredded wheat, 1 large biscuit	trace	trace	0	85
Granola, 1/3 cup	10	2	0	180
Rice, white, cooked, 1/2 cup	trace	trace	0	110
Fried rice (with egg and vegetables), 1/2 cup	6	1	21	120
Cookie, 1 medium				
Oatmeal	3	1	5	60
Chocolate chip	4	1	6	70

MILK, YOGURT, CHEESE

	Total fat (grams)	Saturated fatty acids (grams)	Cholesterol (milligrams)	Calories
Milk, 1 cup				
Whole	8	5	33	150
2% fat	5	3	18	120
1% fat	3	2	10	105
Skim	trace	trace	4	85
Yogurt, 1 cup				
Nonfat plain	trace	trace	4	135
Lowfat plain	4	2	15	155
Lowfat fruit-flavored	3	2	10	250
Cottage cheese, 1/2 cup				
Creamed	5	3	16	110
Lowfat, 1% fat	1	1	5	82
Cheese, 1 oz.				
Natural cheddar	9	6	29	115
Mozzarella, part skim milk	5	3	15	80
Process American	9	6	27	105
Macaroni and cheese, 3/4 cup	20	9	41	385
Vanilla ice cream, 1/2 cup	7	4	27	135
Vanilla ice milk, 1/2 cup	3	2	9	90
Frozen yogurt, 1/2 cup	2	1	8	105

VEGETABLES

	Total fat (grams)	Saturated fatty acids (grams)	Cholesterol (milligrams)	Calories
Potatoes				
Boiled, 1/2 cup	trace	trace	0	65
Potato salad, 1/2 cup	8	1	50	135
French fries, 10 strips	8	3	0	160
Au gratin, 1/2 cup	9	4	19	175
Chips, 1 oz.	10	3	0	150
Cabbage, 1/2 cup				
Cooked	trace	trace	0	15
Creamy coleslaw	11	2	6	125
Celery and carrot sticks, 8	trace	0	0	10
Stirfried vegetables, 1/2 cup	trace	trace	0	45

MEATS, POULTRY, FISH, ALTERNATES

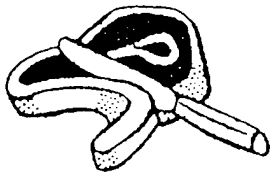
	Total fat (grams)	Saturated fatty acids (grams)	Cholesterol (milligrams)	Calories
Beef				
Lean cut (eye of round), roasted, 3 oz.				
Lean and fat	11	4	61	195
Lean only	4	2	59	145
Fattier cut (chuck blade), braised, 3 oz.				
Lean and fat	22	9	88	295
Lean only	11	4	90	215
Ground, cooked, 3 oz. patty				
Regular	17	7	76	245
Lean	16	6	73	230
Extra lean	14	5	71	215
Pork center loin, roasted, 3 oz.				
Lean and fat	11	4	68	180
Lean	8	3	67	150
Beef liver, braised, 3 oz.	4	2	331	135
Chicken, light and dark meat, roasted, 3 oz.				
With skin	12	3	74	200
Without skin	6	2	75	160
Halibut fillets, baked, 3 oz.	1	trace	49	95
Tuna, canned, 3 oz.				
In oil	7	1	25	170
In water	1	trace	25	115
Crabs, hardshell, steamed, 2 medium	2	trace	95	95
Shrimp, steamed or boiled, 8 extra large	2	trace	160	110
Frankfurters				
2 franks (3 oz.)	27	10	47	300
Dry beans, cooked, 1/2 cup	trace	trace	0	110
Peanut butter, 2 tbsp.	16	3	0	190
Sunflower seeds, 2 tbsp.	10	1	0	105
Egg, large, cooked, 1				
Yolk	5	2	213	60
White	0	0	0	15

EAT LESS FAT

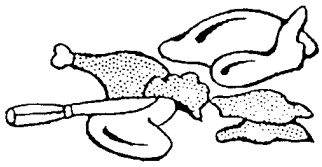
It may lower your chances of getting some kinds of cancer.

Here's How...

1 **Cut extra fat from your meat and throw the fat away.**

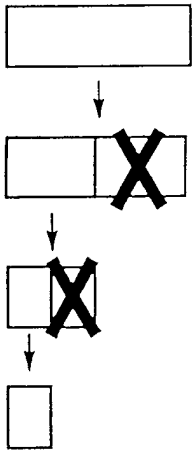


2 **Before you eat chicken, take off the skin and throw it away.**



3 **Use less fat to cook vegetables.**

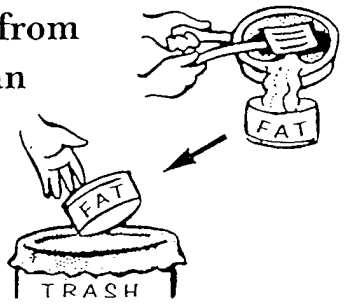
- Cut a piece of fat meat the size you normally use when you cook vegetables.
- Then cut this piece in half.
- Now cut it in half again.
- Use only one piece of this fat meat to cook your vegetables. You will be using 1/4 the fat you usually use.



4 **Cook vegetables with:**

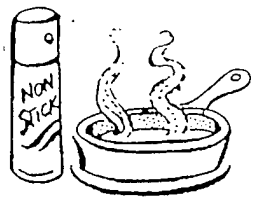
- Fresh turkey parts without skin.
- Fresh garlic, onions, celery, and bell peppers.
- Lemon juice.

5 **Pour the fat from the frying pan before you make gravy. Throw the fat away.**



6 **Broil, boil, bake, or pan broil your meat instead of frying it. This is how you pan broil it:**

- Spray nonstick spray in the bottom of a frying pan. Let it get medium hot.
- Put the meat in the pan. Do not add any more nonstick spray.



- Turn meat often.
- Pour the fat from the pan as the meat cooks. Throw the fat away.

When will you cut down on fat? How about starting today!

Nutrient Values of Sample Fast-Food Meals

SAMPLE MEAL	% FAT CALORIES	CALORIES	CHOLESTEROL (mg)	SODIUM (mg)	% U.S. RDA VITAMIN A	% U.S. RDA VITAMIN C	% U.S. RDA CALCIUM
Double burger with sauce, milk shake, french fries, regular	46	1,275	155	1,190	10	30	80
Chicken nuggets (6), apple pie, coffee with cream	55	655	95	1,115	2	20	9
Fish sandwich with cheese and tartar sauce, soda (12 oz.), french fries, regular	53	885	73	811	2	20	19
Beef tacos (2), low-fat milk (8 oz.)	40	495	60	690	18	3	61
Single burger, tossed salad, low-fat milk	32	445	55	1,005	28	75	50
Baked potato, plan margarine (1 pat), tossed salad with low-calorie dressing, low-fat milk	18	340	10	620	28	120	45
Cheese pizza (1 slice), tossed salad with low-calorie dressing, orange juice (8 oz.)	30	310	40	500	27	233	26

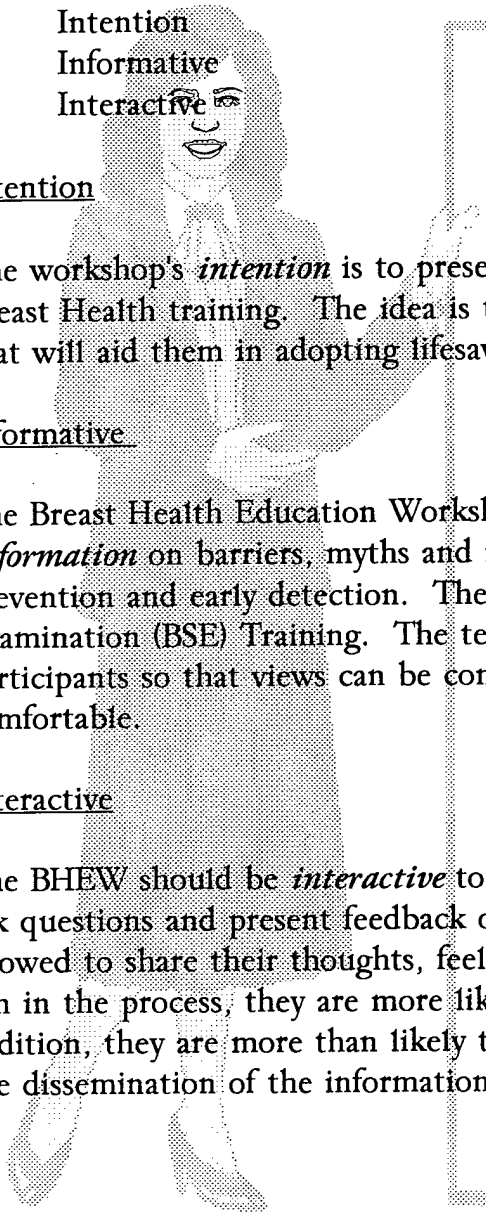
Conducting A Successful Workshop

CONDUCTING A SUCCESSFUL WORKSHOP

Introduction

All Successful workshops should meet the three "I's" in criteria:

- Intention
- Informative
- Interactive



Intention

The workshop's ***intention*** is to present established goals and implement them via a Breast Health training. The idea is to provide women with information and skills that will aid them in adopting lifesaving behaviors.

Informative

The Breast Health Education Workshop (BHEW) will provide women with ***information*** on barriers, myths and misconceptions, risks and incidence as well as prevention and early detection. The core of the workshop will be the Breast Self Examination (BSE) Training. The terminology of the BHEW should be catered to the participants so that views can be communicated clearly and the language is comfortable.

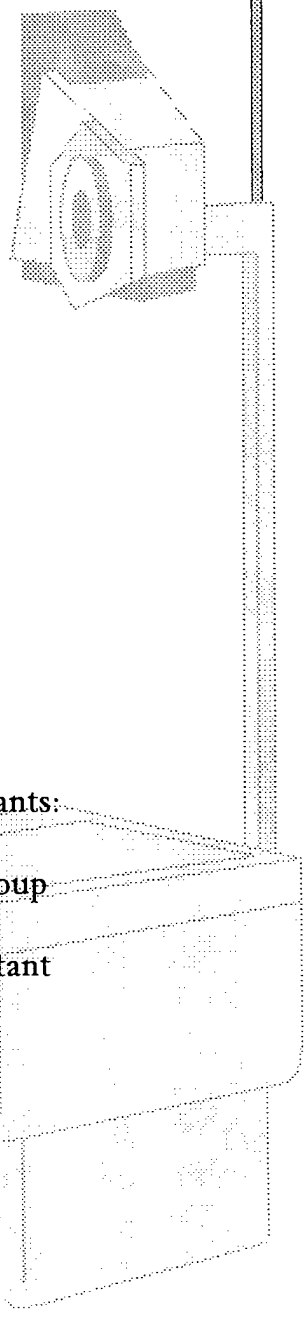
Interactive

The BHEW should be ***interactive*** to the extent that participants are encouraged to ask questions and present feedback on the instructions. When participants are allowed to share their thoughts, feelings and concerns on breast cancer, and also have fun in the process, they are more likely to remember what they have learned. In addition, they are more than likely to share the information with a friend or relative; the dissemination of the information is the ultimate goal.

BREAST HEALTH EDUCATION WORKSHOP FORMAT

Equipment and Workshop Aids

- Markers and marker board
- Easel
- Video tapes
- Flip chart or an overhead projector
- Breast models (ideally 1 model per 3 participants)
- Handouts
- Pencils
- Pretest / Post test



Number of participants

Keeping in mind the level of competency of the participants:

- up to 10 is considered a small and manageable group
- more than 10 is somewhat large, plan for an assistant

Part 1 - Introduction

Time Allotment

20 minutes

Content

I. Self Introduction

Introduce yourself as a volunteer for the National Black Leadership Initiative on Cancer (NBLIC).

II. Summarize Goals of BHEW

The BHEW's goal is to provide women with a good breast health plan that includes:

1. Routine breast self examination
2. Clinical breast examination
3. Mammography when appropriate

III. Administer breast health pretest

The purpose of the pretest is to find out the participants knowledge of breast health, so that areas of concentration can be determined.

IV. Begin discussion with ice breakers

Icebreakers are used to initiate interaction and participation.

Icebreaker #1 - Cancer Word Association

- Ask participants what thoughts come to mind when they hear the word "cancer".
- Document their response on the marker board (Hint: Separate negative and positive comments, then respond by reminding participants that cancer can have positive outcomes, and that the key is early detection).

Icebreaker #2 - Question and Answer

- Does anyone here know someone who has been touched by breast cancer? Ask for the ages of the women touched by breast cancer, then respond by saying; breast cancer can affect women of all ages, etc.

Icebreaker #3 - Video (08 - 10 min.)

- Show breast self examination video. Have participants write their questions down and hold them until the question/answer session (questions may be answered throughout the workshop).

Part 2 - Statistics and Risk Factors

Time Allotment

5 minutes

Content

I. Discuss Breast Cancer Statistics

Briefly present the following facts and statistics on breast cancer:

- Breast cancer is the most common form of cancer diagnosed in women
- Breast cancer is the second leading cause of cancer deaths in women (lung cancer is #1)
- 1 out of 8 women will develop breast cancer in her lifetime

II. Discuss Risk Factors for Breast Cancer

Briefly discuss the following risk factors:

1. Gender - all women are at risk of developing breast cancer
2. Age - breast cancer risk increases with age
3. Family history - risk increases in daughters or sisters of women with breast cancer

4. Early menses, late menopause

5. Reproductive history - more than 30 years old at the birth of first child

6. Diet - obesity (40% above normal weight)

7. Hormones - should be discussed in depth with your doctor

Part 3 - Anatomy of the Breast

Time Allotment

5 minutes

Content

I. Display illustrations on flip chart or overhead

II. Review terminology on diagrams

Part 4 - BSE Instructions with Flip Chart/Overhead Projector

Time Allotment

30 minutes

Content

I. BSE Technique Demonstrated

- Looking: Things to be done in the mirror:
  - Have participants stand and follow flip chart/overhead illustrations

- Feeling: Things to be done lying down:

  - Demonstrate BSE on yourself over clothes or on breast model (choice depends on the selection of participants). Participants may want to follow over their clothes as each element is demonstrated.

- Discuss areas to feel:
  - Underarm to lower bra line
  - Across the breast bone
  - Up to the collar bone
  - Back to the armpit

- Use the pads of the three middle fingers (encourage participation)

- Use three levels of pressure:
  - Light
  - Medium
  - Firm

  Note: for the elderly, if there is difficulty in feeling with the finger tips, using the palm of the hand is better than not doing BSE at all.

- Examine the entire breast using the most comfortable technique:
  - The Vertical Strip Pattern (studies show this method to be more effective)
  - The Circular Pattern
  - The Wedge Pattern

  Note: lotion or powder may be used to help the fingers (palm) slide easier across the skin.

Part 5 - Breast Health Plan

Time Allotment

10 minutes

Content

I. Wrap-up the Workshop

- Point out the three components of a good breast health plan:
  - Breast Self Examination (BSE)
  - Clinical Examination
  - Mammography

- Discuss guidelines for early detection:

a) Breast Self Examination at age 20 and over:
- should be done monthly
- at least one week after period when breast are less tender
- if there is no longer a period plan to examine the breast monthly on the same day
- for women on replacement hormones, do BSE when starting a new cycle of pills

b) Clinical Breast Exam:
- should be done by a doctor every 3 years between the ages of 20 and 40, if there are no symptoms and you do not fall into a high risk profile and, if you do not use birth control pills or hormones

- should be done yearly by a doctor or nurse (preferably when it's time for a pap smear) over the age of 40

c) Mammography:
- Have your baseline mammogram by age 40 and then once every year.

- Some women may need mammograms more often, check with your heatlhcare provider to find out what is best for you.

Part 6 - Conclusion

Time Allotment

As time permits

Content

I. Questions and Answers (give out prizes)

II. Administer post test

III. Pass out literature to reinforce training

IV. Thank participants for coming

Breast Self-Examination Training

BREAST SELF-EXAMINATION PROGRAM GOALS

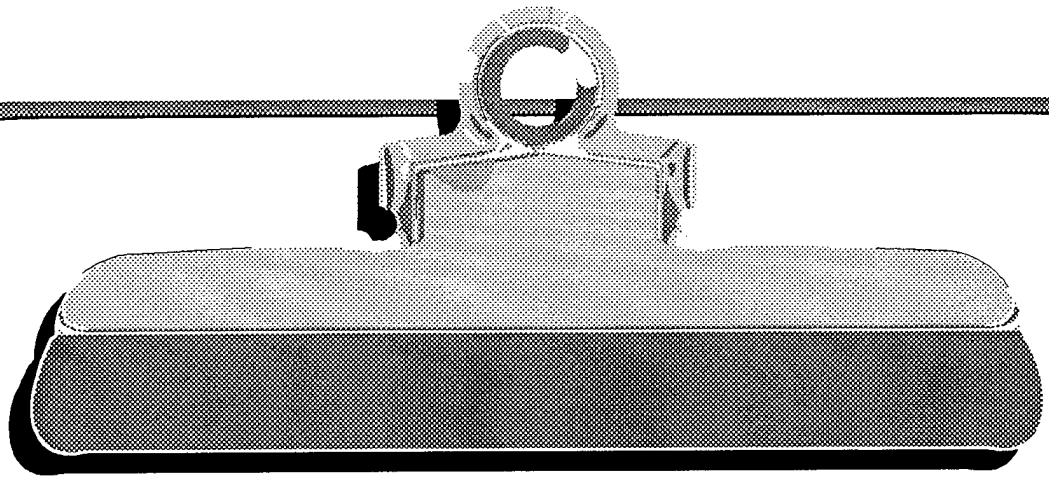
The BSE Training Program is designed to help each woman:

- Identify three components of a good breast health plan: breast self-examination, clinical breast examination and mammography.
- Follow recommended breast cancer screening guidelines.
- Perform breast self-examination with confidence.
- Act promptly if any breast changes are found

The BSE Training Program was developed to:

- Recruit and retain well-trained volunteers.
- Present current information on breast health and breast cancer detection.
- Provide an opportunity for participants to become knowledgeable about the importance of mammography, clinical breast exam and breast self-examination.
- Teach women how to perform a proficient breast self-examination.

Each woman who attends the Training should become more knowledgeable about her breast and understand the value of early detection. She should be capable in deciding her breast health.



Facts & Statistics On Breast Cancer

Breast cancer is the most common form of cancer diagnosed in women.

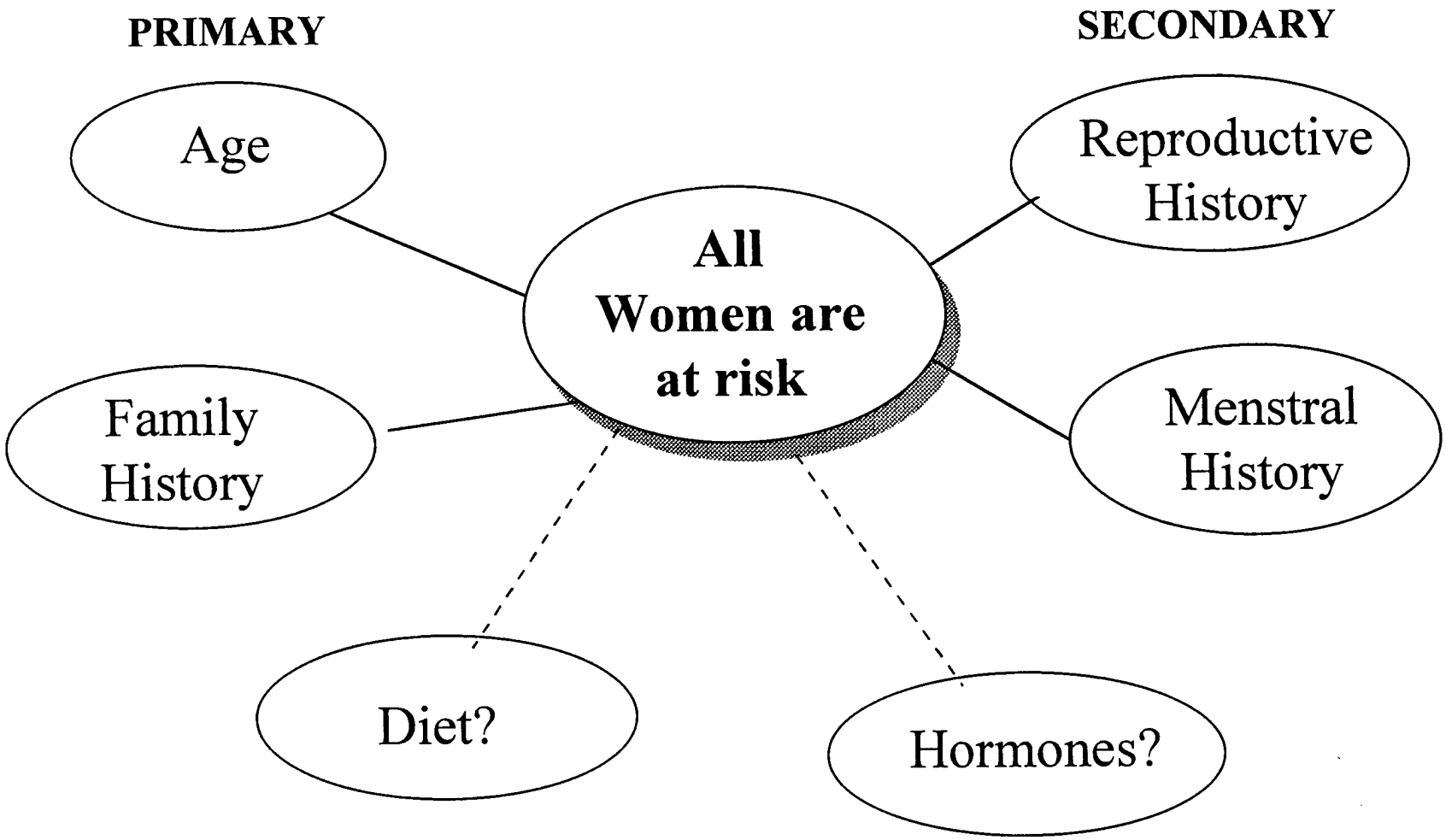
Breast cancer is the second leading cause of deaths in women (lung cancer is #1).

Breast cancer is the leading cause of cancer death for Black American women.

1 out of 8 women will develop breast cancer in her life time.

Up to 90% of women whose breast cancer is found early, before it spreads beyond the breast, will survive.

Breast Cancer Risks



BREAST CANCER RISK FACTORS

Every woman is at risk of getting breast cancer. There is probably no single cause of the disease. Research has shown that several different factors working together appear to increase the risk of breast cancer. Because of genetic and lifestyle differences, some women are more likely to get the disease than others.

Primary Risk Factors

- Gender

- Age
  - risk increases over 50 years of age

Family history of breast cancer

- Risk may be increased in daughters or sisters of women with breast cancer, especially if the women had premenopausal, bilaterial breast cancer.

- Risk may also be increased with a positive paternal family history.

- BRCA1 is one of several genes that contribute to hereditary breast cancer risk. Studies on these genes suggest that approximately 5% of breast cancers are hereditary.

Secondary Risk Factor

- Reproductive history
  - Risks are increased in women who have never had children.
  - Women who have a first child after the age of 30 may be at even greater risk than the women who remain childless.

- Menstrual history
  - Risk increases somewhat in women who begin menstruating early and/or experience menopause late.

The relationship between breast cancer and hormones is unclear. The decision to use hormones or hormone replacement therapy should be made on an individual basis, in consultation with your physician/health care professional.

Diet

Obesity or high dietary fat intake may be a contributor to breast cancer risks. Therefore, the American Cancer Society recommends eating a nutritionally balanced diet, emphasizes low fat, high fiber foods and increased physical activity.

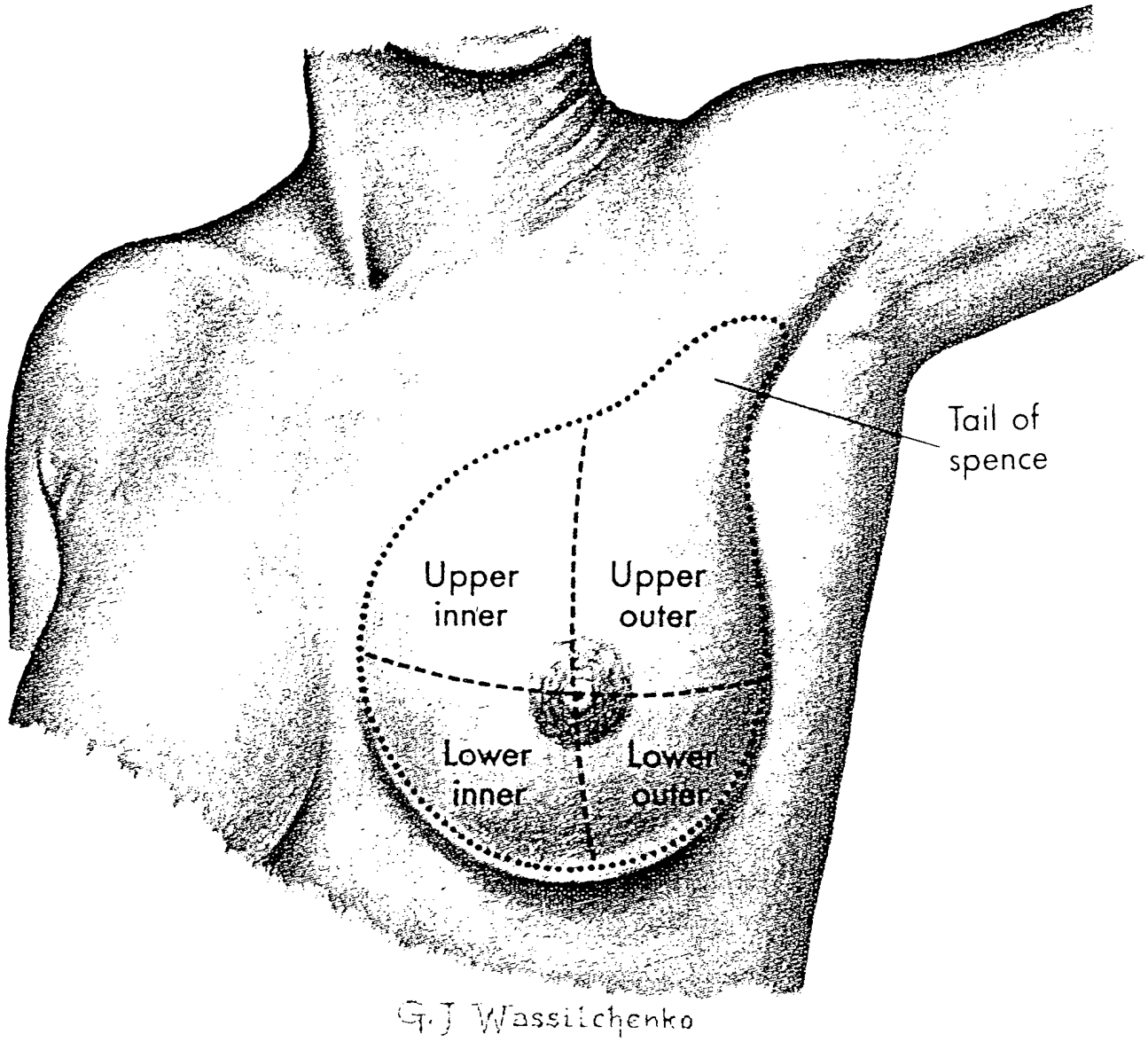
Breast cancer is NOT associated with trauma, fondling, or fibrocystic changes in the breast, and it is not contagious.

Remember: It should be emphasized that all women are at risk for breast cancer and should discuss their risk factor profile with their health care provider to determine an appropriate early detection plan.

Anatomy of the Breast

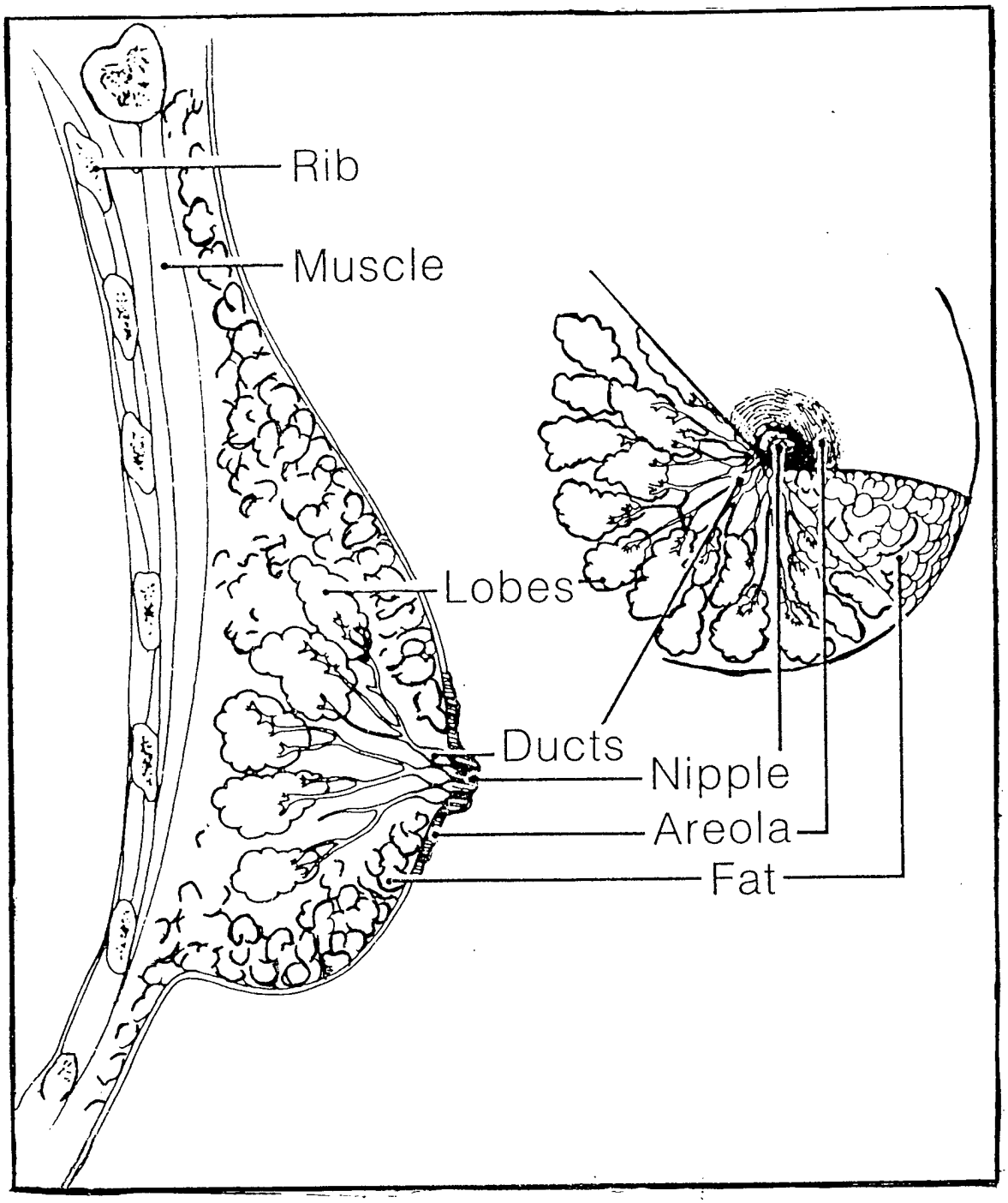
QUADRANTS OF LEFT BREAST AND AXILLARY TAIL OF SPENCE

Anterior View



Cancers of the breast develop more often in certain areas of the breast. For example, 50% occur in the upper outer quadrant; 15% percent develop in the upper inner quadrant; 6% develop in the lower inner quadrant, 11% develop in the lower outer quadrant; while 18% occur in and around the nipple.

BASIC ANATOMY OF THE BREAST



Each breast has 15-20 sections called **lobes**. Within each lobe are many smaller **lobules**, which end in dozens of tiny bulbs that can produce milk. The lobes, lobules and bulbs are all linked by tiny tubes called **ducts**. These ducts lead to the nipple in the center of a dark area of skin called the **areola**. Fat fills the spaces around the lobules and ducts. There are no **muscles** in the breast, but muscles lie under each breast and cover the **ribs**.

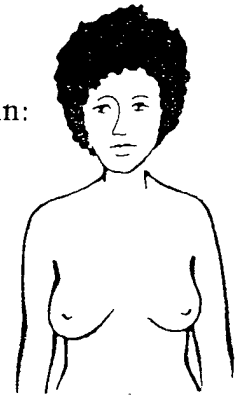
BREAST SELF EXAMINATION TRAINING

Most lumps are found by women themselves. It is therefore important that BSE is done at the same time each month, to look and feel for changes in the breast.

There are two parts to BSE: ***Looking and Feeling***

LOOKING FOR CHANGES

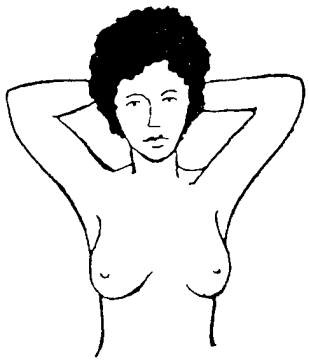
Stand in front of the mirror to look at your breast, compare for symmetry (both breasts are in proportion with each other). Keep in mind that it is not unusual for one breast to be slightly larger than the other.



1) With your hands at your side, look for changes in:
   - ♦ Shape
   - ♦ Color

   Check for:
   - ♦ Puckering
   - ♦ Dimpling
   - ♦ Skin Changes
   - ♦ Nipple Discharge

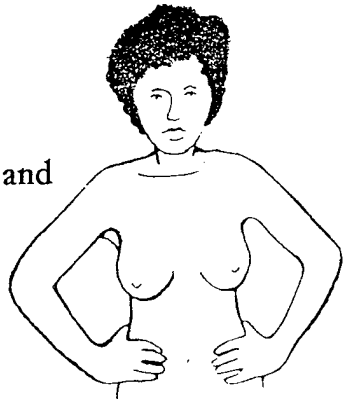
   Continue to check, turning to your right side and then to your left, check for the same changes on each side.



2) Place your hands behind your head, check for:
   - ♦ Symmetry
   - ♦ Puckering
   - ♦ Dimpling

   Turn to both your right and left side, check for the same changes on each side.

3) Place your hands on your hips, press down and bend forward, check for:

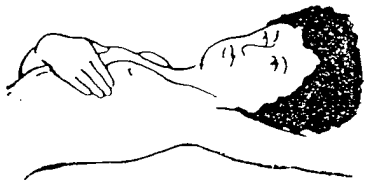


- ♦ Symmetry
- ♦ Nipple Direction
- ♦ General Appearance

Turn to your right side and then to your left, check for the same changes on each side. (Note if both breasts fall freely)

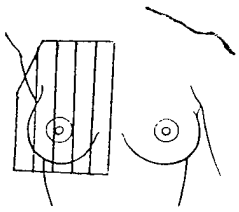
FEELING FOR CHANGES

1) Lie down. Place a pillow or a folded towel under your right shoulder with right arm raised above your head. This will flatten breast tissue and allow it to spread evenly over the chest. Repeat for left breast.



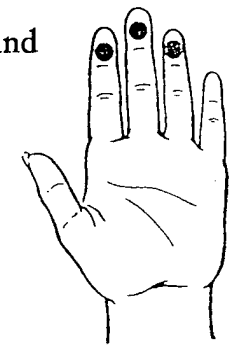
2) Examine area from:

- ♦ Underarm to lower bra line
- ♦ Across to the breast bone
- ♦ Up to the collar bone
- ♦ Back to the armpit



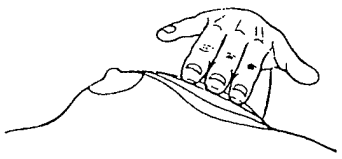
3) Use the sensitive pads of the three middle fingers on the left hand.

- ♦ Keep fingers close together, holding the hand in a bow position
- ♦ Place the left hand on the right breast
- ♦ Move fingers in dime size circles



4) Use three levels of pressure:

- ♦ **Light** - to feel just below the skin
- ♦ **Medium** - to feel the mid section of the breast
- ♦ **Firm** - to feel down to the chest wall

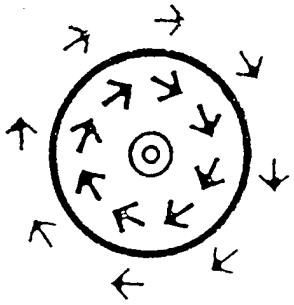


5) Examine the entire breast area using the search pattern you are most comfortable with:

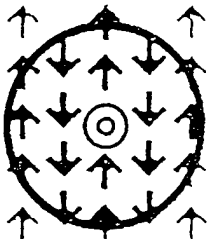
A. Circular pattern

B. Verticle strip pattern

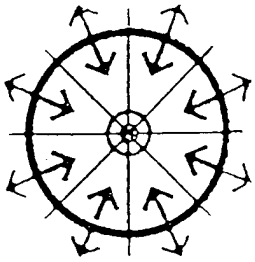
C. Wedge Pattern



A



B



C

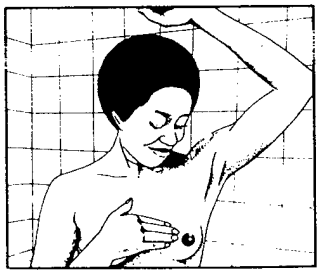
There is evidence that proves the vertical strip method ensures a more complete examination

VERTICAL STRIP METHOD

Begin the vertical strips under the arm (remember to use the three finger pads and three levels of pressure and move in dime like circles.):

- Move down one finger breadth at a time.
- Do not remove the fingers from the breast once the examination has begun. You have completed one strip when you reach the bottom of the bra line.
- Move over one finger breadth toward the breast bone and repeat strips until you come to the nipple.
- Make sure the area around and under the nipple is examined throughly.
- The average number of strips will be between 10 and 16; it will take about 30 seconds to complete each strip.
- If you have large breasts, remove the pillow or towel from under your shoulder once the nipple area has been examined, so that the breast tissue will flatten on the inner half of the breast. Repeat this procedure on the opposite breast, comparing both of them with each other.
- If you find any lumps, knots, or changes, tell your doctor immediately. 80% of breast lumps are benign but every lump should be evaluated.

You may also want to examine your breasts while showering, when the skin is wet and lumps may be easily palpated (this can not be adequately done by women with larger breast). BSE in the shower is not recommended by all programs, however, it can be suggested, since some women only examine their breasts in the shower; some form of BSE is better than none at all. BSE lying down should be strongly encouraged.



GUIDE LINES FOR EARLY DETECTION

Breast Self Examination

Examine your breast once a month starting at age 20 and over

- at least one week after your period, when breasts are less lumpy and tender
- if you don't have a period, plan to examine your breasts every month on the same day
- for women on replacement hormones, do BSE when starting a new cycle of pills

Clinical Breast Examination

Have your breasts examined by your healthcare provider every three years between the ages of 20 and 40, if there are no symptoms and you do not fall into a high risk profile and, if you do not use birth control pills or hormones

Have your breasts examined by your doctor every year (preferably when it is time for a papsmear) if over the age of 40

Mammography

- Have your baseline mammogram by age 40 and then once every year.
- Some women may need mammograms more often, check with your healthcare provider to find out what is best for you.

Questions And Answers About Breast Cancer

1. **If I'm at a higher risk of developing breast cancer, how often shall I see my doctor?**
   Based upon the risk factors in your individual situation, your doctor will recommend how often you should be checked and what special tests are indicated.

2. **I normally have lumpy breasts. How can I determine the difference between my normal condition and an abnormal lump?**
   You can't. Regular breast examination will lead you to become very familiar with the pattern of lumps in your breast; any variation in this pattern should be evaluated by a physician. Your doctor may want to see you as often as every three months if you have this condition.

3. **I have inverted nipples. Is there any cause for concern?**
   Generally speaking, no. They are however, subject to infection if not kept clean and dry, but do not seem to be related to an increase risk of breast cancer.

4. **Can mammography replace BSE?**
   No. Although mammography is an essential element to early detection, since it can pick up cancer to small to be felt, it is not a replacement for monthly breast self examination where women help protect themselves between professional checkups. Women should consult their physicians on the recommended frequency of mammography.

5. **Can the use of hormones which relieves symptoms of menopause cause breast cancer?**
   There is currently some controversy about the use of female hormones during and after menopause. Most authorities agree that using replacement hormones need thorough investigation for suitability. Discuss this with your physician. Of course women who take replacement hormones should continue to do breast self examination. Hormones may be recommended for reasons such as prevention of osteoporosis and heart disease, which has a far greater incidence and morbidity than breast cancer.

6. **Has diet been linked to breast cancer?**
   Yes. Countries that have a diet high in animal fat also have a high rate of breast cancer. This relationship is being studied more by epidemiologist.

7. **Do very large breast increase the risk of getting breast cancer?**
   Size of the breast is not related to the development of breast cancer. However, a large breasted women should be certain to have a regular physician checkup

since a small mass is sometimes difficult to detect. This should be in addition to doing BSE.

8. **Is breast cancer transmitted from the mother's or father's side?**
As far as we know, breast cancer is "familial" or hereditary through both sides, but risks are greater when the occurrence of breast cancer is on the mother's side.

9. **If I had a biopsy that turned out benign, will any other tumor I get be benign?**
This can not be predicted in individual cases. Statistically, about 8 out of 10 breast lumps are pathologically benign.

10. **Is a cyst ever malignant?**
Almost all cysts are benign and remain benign; the problem lies in distinguishing a fluid filled cyst from a solid cancer. Also, cancers can occur adjacent to cysts or may develop cysts in the middle of them. Very rarely a benign cyst may develop into cancer, but that is an extremely rare occurrence.

11. **What are the possible benefits or risks of breast cancer reconstruction after a mastectomy?**
With assistance from her physician, each women must decide what is right for herself. Some women wish to have the breast contour restored. Benefits include the following: 1) physical comfort, 2) increased pleasure in the style and variety of clothes that may be worn, and 3) psychological adjustment made easier since the woman may feel more confident and pleased with how she looks both dressed and undressed, less often reminded of her disease. Risks might include those that can follow any surgical operation; bleeding, infection, and heavy scar formation. Additional operations may be required if heavy bleeding occurs, if tissues contract or hardens around an implant when the nipple and areola are reconstructed or partial loss of the skin graft occurs.

Source: American Cancer Society, Washington Division

BSE High School Questions and Answers

1. **Are X-rays harmful?**
   X-rays for diagnostic purposes are not harmful. However, radiation itself is cumulative and unnecessary; X-ray exposure should be avoided. There is no problem with the type of exposure that is received with routine X-rays.

2. **When there is a cancerous lump in the breast, is the lump removed only or is the breast also removed?**
   Depending on the type and size of the cancer and the women's choice of treatment, either a part or the whole breast is removed.

3. **Do all lumps have to be removed?**
   No. It depends on the age of the women and the appearance and type of lump.

4. **How are most cancerous lumps discovered?**
   More than 80% of the lumps are discovered by women themselves.

5. **If something is felt other than a lump, what might it be?**
   Sometimes a glandular tissue of the breast itself will feel like a lump. Sometimes a rib may also be mistaken for a lump in the breast. A cyst of the breast is fairly common and may present itself as a lump. Most lumps that are found turn out to be something other than cancer.

6. **Can men get lumps in the breast?**
   Yes, and it is possible for men to develop breast cancer although it is very rare. Breast cancer in men may present itself as a hard lump under the nipple.

7. **What is done for pregnant women with breast cancer?**
   Treatment depends on many factors including: stage in the pregnancy; location and size of the cancer; and whether it has spread or is localized. Each case is decided on an individual basis.

8. **Do you continue to examine your breast during pregnancy?**
   It is a good idea to examine your breast during pregnancy, although the breast are usually more tender and is uncomfortable to do. Usually, the doctor examines the breast to be sure there are no unusual lumps early in the pregnancy. If there is ever a question as to a lump being present, he or she would re-exam the breast. As long as it is comfortable, BSE should be performed during pregnancy.

9. **Does cigarette smoking cause breast cancer?**
No, it has not been proven that cigarette smoking causes breast cancer. Cigarette smoking definitely causes lung cancer and it is associated with other cancers such as cancer of the mouth, tongue, throat, esophagus and urinary bladder.

10. **Can a bruise or a blow to the breast cause a lump?**
It is possible that a lump could occur following an injury to the breast, but the lump itself would be related to the blood clot to the tissue. This would be reabsorbed by the body and eventually disappear. Sometimes a bruise may cause an individual to examine herself more frequently and she may find a lump that had been there previously. However, the bruise of the breast itself was not the cause of the lump or the tumor.

11. **Is cancer hereditary?**
Some forms of cancer do seem to be more prevalent in some families. Predispositions to certain types of cancer may run in families. A history of breast cancer in the family increases the chance that a women may develop it.

Source: American Cancer Society

Mammography Backgrounder

Mammography

MAMMOGRAPHY OVERVIEW

Breast cancer is one of the leading causes of death in women, second only to lung cancer. Despite evidence that mammography is the most effective method of detecting early stage breast cancer, use of this technology is low. According to 1987 data from the National Health Interview Survey, only about 17 percent of women age 40 and older reported they had a mammogram within the past year. Trends indicate that one time use of mammography is increasing significantly, but few women follow frequency guidelines.

Women and physicians lack accurate information about screening mammography. Studies of women age 40 and older indicate that the main reasons women give for not having a mammogram are "no need" and lack of physician referral. Cost is also an issue, especially for repeat mammograms. Surveys of physicians indicate their reasons for non-compliance with screening guidelines are: cost to the patient, reliability of a mammogram, availability of qualified radiologist, low chance of finding a breast abnormality, availability of breast x-ray machine and exposure of patients to radiation.

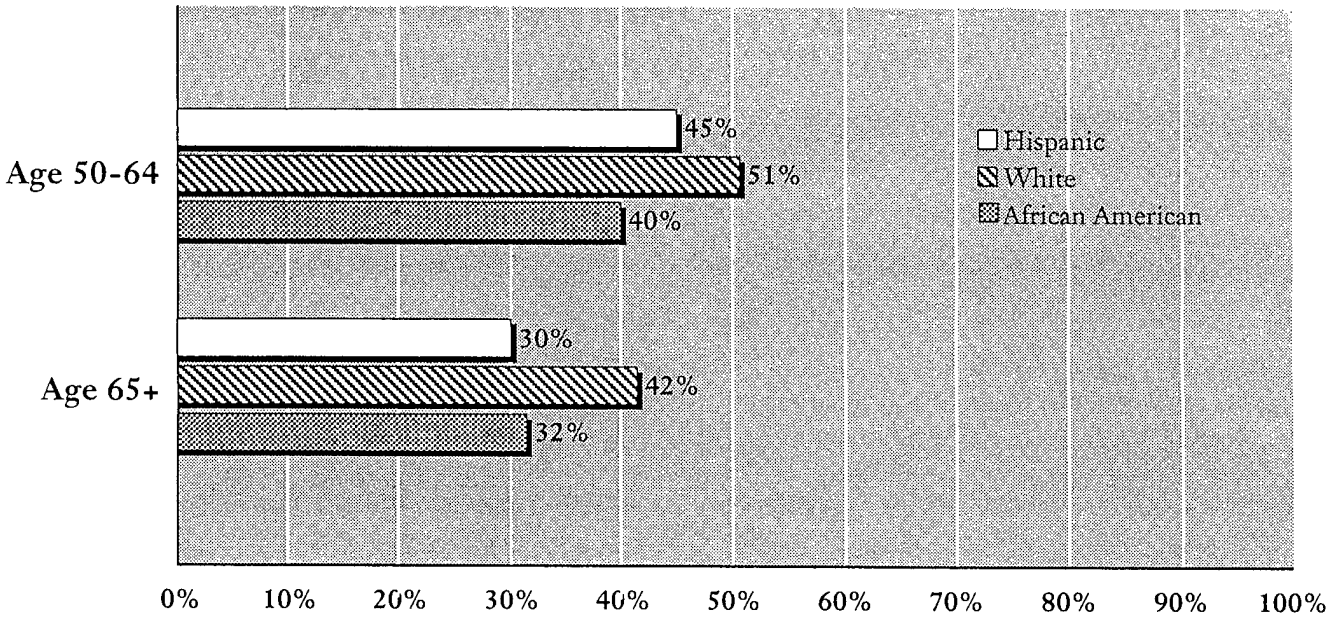
The National Cancer Institute has launched a national education program to target both women and physicians. Information will be disseminated through media, women's organizations, and physicians societies.

There is concern about how much radiation is dispensed from a mammogram. By the late 1970's, radiation from a mammogram was down one rad per exam. Today's, equipment provides doses as low as 0.3 rad per exam. The risk of something happening at that dosage is equal in comparison to: 1) 400 miles of travel by air, 2) 60 miles of travel by car, 3) smoking 3/4 of one cigarette, and 4) 20 minutes of being a male age 60. The theoretical risk at that exposure level has been estimated at one death per 1 million women per year. The American Cancer Society's position on radiation risk states: "Available information suggests that the risks of inducing breast cancer from low dose modern mammography is minimal, if it exists at all. Because of the detection of some small and palpable breast cancers, and also the reduction of radiation exposure which is now possible with optimum mammogram techniques and carefully monitored equipment, a favorable benefit/risk ratio can be expected in women beginning at age 40 or older."

There are presently about 18,000 radiologist is the United States, however, only a small percentage are proficient in mammography. In 1990, the oral examination of the American Board of Radiology began including a section specifically on mammography. The two most important issues in choosing a mammography facility are quality and cost. One sign of quality is the American College of Radiology (ACR) voluntary accreditation

program for mammography facilities. More than 2,800 facilities have been accredited since the program began in 1987.

Mammography Rates Among Women Ages 50 and Older
Percent Screened Within Last Year



Data Source: National Health Interview Survey, 1992.

51% of White women between the ages of 50-64 received screening mammograms within the last year, compared to 45% of Hispanic women and 40% of African-American women.

42% of White women age 65 and over received screening mammograms within the last year, compared to 32% of African-American women and 30% of Hispanic women.

MAMMOGRAMS

The most important piece of information women need to know about mammography is that it is the single most powerful tool to detect breast cancer early. It can detect breast cancers too small to be seen or felt by physical examination. Mammography screening done at regular intervals, together with clinical breast exams, and monthly breast self-examination are the three techniques that provide the best means of protection for women.

What is mammography?

Mammography is the process of taking an x-ray picture of the breast. Each breast is placed between two plastic plates and, for a clear picture, the breasts are slightly flattened. Usually, two views of each breast are taken, one from the side and one from above. If an area on the mammogram is not clear or looks suspicious, additional views may be needed. The procedure is not painful; understanding what happens during a mammogram will help reduce the anxieties. A squeezing-type pressure may feel a bit uncomfortable, but lasts only a few seconds, so try to relax. This test is extremely safe, since modern mammography uses very low amounts of radiation. A specially trained radiologic technologist administers the test and a specially trained physician (a radiologist) reads the mammogram.

Preparation for a mammogram

These points should be kept in mind on the day of the procedure:

1) You will need to undress above the waist for the exam, so wear a blouse with a skirt or slacks, rather than a dress to the facility.

2) Don't wear any deodorant, perfume, powders or ointments of any sort in the underarm area or on the breasts on the day of the exam. These products may cause shadows to appear on the mammogram.

3) If possible, don't schedule a mammogram near the time of your menstrual period, since breasts may be more tender than usual at this time.

4) Bring the name, address, and phone number of your doctor or other health care provider.

5) Bring a list of the places and dates of mammograms, biopsies, or other breast treatment you have had before.

6) Ask the facility where you had mammograms before to release them to you, and bring them with you if possible. Your new mammogram can be compared with the earlier ones to see if there have been any changes.

It is also helpful to:

- Bring a list of any questions you may have about mammography and your mammograms.
- If you think you may have trouble hearing or understanding the instructions, consider bringing a friend or family member to help you.
- If you are worried about discomfort, you may want to take a mild over-the-counter pain reliever about an hour before your mammogram. This will not affect the mammogram.
- If there is something you do not understand, ask. And keep asking until all your questions are answered.
- If you do not hear from your physician within 10 days, do not assume that your mammogram was normal. Confirm this by calling your health care provider or the facility.

Recommendations for screenings:

1) By age 40, have your first baseline mammogramand then once every year

2) Some women may need mammograms more often, check with your health care provider to find out what is best for you

Choosing a mammography facility:

If a mammography facility is accredited by the American College of Radiology, its machines and staff has met specific quality standards and is issued an FDA certification. To insure that a facility is of a high quality staff, "yes" should be answered to all of the following questions:

- Does the facility use machines specifically designed for mammography?
- Is the person who takes the mammograms a registered technologist?
- Is the radiologist who reads the mammograms specifically trained to do so?

- Does the facility provide mammograms as part of its regular practice?
- Is the mammography machine calibrated at least once a year?

Cost

A mammography screening can cost as little as $65.00, up to $225.00. If cost is a concern, various health agencies, organizations, and women's groups provide referrals to low-cost or free mammography services (see Resource section). Many insurance companies provide some form of mammography coverage and Medicare pays a limited amount toward mammography screening for its beneficiaries.

Size of Tumors Found by Mammography and Breast Self-Exam

3 mm or .3 cm

Average-size lump found by getting regular mammograms

5 mm or .5 cm

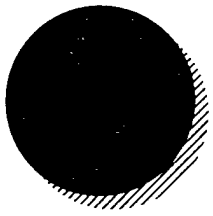
Average-size lump found by first mammogram

11 mm or 1.1 cm

Average-size lump found by women practicing regular breast self-examination (BSE)

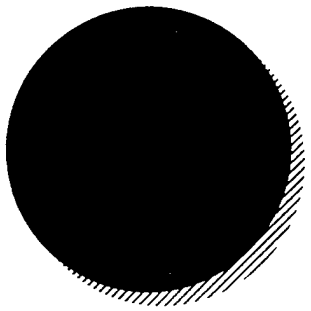
25 mm or 2.5 cm

Average-size lump found by women practicing occasional BSE



38 mm or 3.8 cm

Average-size lump found by women untrained in BSE



Source: The Breast Health Program of New York

Physicians describe lumps in terms of millimeters (mm), centimeters (cm), and inches (in).

10 mm = 1 cm 2.54 cm = 1 in

TUMORS

MYTHS ABOUT MAMMOGRAPHY AND BREAST CANCER

Myth 1: I don't need a mammogram if I don't have any symptoms.

FACT: Mammography can detect breast cancer up to two years before you or your doctor can feel a lump.

Myth 2: There's no history of breast cancer in my family, so I don't need to worry about getting it.

FACT: Eight out of ten women who develop breast cancer have no family history of the disease.

Myth 3: I had one normal mammogram, so I don't need another.

FACT: Once is not enough. Women age 40-49 should have a mammogram every year or two; from age 50 on, they need a mammogram once a year.

Myth 4: Mammograms are painful.

FACT: A mammogram is simply an x-ray of your breast. Although the procedure may cause slight discomfort, it doesn't hurt. And the amount of radiation is very low.

Myth 5: If a mammogram does find something, it's too late.

FACT: In nine cases out of ten, women whose breast cancer is found and treated early, before it has spread beyond the breast, will survive.

Myth 6: I just found a lump in my breast; but since I had a mammogram recently I don't have to worry.

FACT: Anytime you find a lump it must be seen by a doctor.

MYTHS

AMERICAN CANCER SOCIETY
Florida Division, Inc.

Mammography: Questions and Answers

1. **What is a mammogram?**
   It is an x-ray of the breast that gives a picture of the inside of the breast.

2. **Is there any risk in having a mammogram?**
   You will get a very small dose of radiation that is not harmful. Experts tell us that there is only a small risk from these low dose x-rays.

3. **My doctor has not recommended that I have a mammogram.**
   Maybe your doctor was seeing you for something else and just did not think about it. As we grow older, our risk of breast cancer rises quickly. So, the American Cancer Society recommends that all women 40 and older have regular mammograms. You may want to call your doctor and talk to him/her about having a mammogram.

4. **Who takes the mammogram?**
   An x-ray technologist. She is trained to keep you comfortable, use the mammography machine safely and to answer questions you may have. The mammogram will be read by a specially trained doctor.

5. **Should I have a mammogram even if I have no symptoms?**
   Yes. A mammogram can find breast cancer very early, up to 1 to 2 years before it can be felt by a doctor.

6. **Does a mammogram find all cancers?**
   No test is 100% effective. The American Cancer Society advises that a doctor or other health care provider check your breasts once a year. You should check our own breast once a month.

7. **How much does a mammogram cost?**
   The cost usually range from $65.00 to $225.00. Many insurance plans cover the cost of a mammogram. If you are not covered by insurance, some hospitals and health clinics offer low fee or free mammograms. Also, **Medicare covers mammograms for women 65 and older* (Note: look at your Unit Mammogram Resource Guide for cost in your area).

8. **Will the mammogram hurt?**
   You will feel some pressure during the x-ray, but it should not be painful. Any discomforts will only last a few seconds. Your breasts may be more sensitive just before your period. If you have periods, plan to have your

mammogram 7 to 10 days after the start of your period. Also, eliminating caffeine from your diet will help to alleviate persistent pain from the breast. If you are concerned, talk with the x-ray technician before the test.

9. **Where could I get a mammogram?**
You may want to arrange an appointment with your doctor or clinic. The American College of Radiology provides a list of facilities that are approved for mammograms (Note: look at your Unit Mammogram Resource Guide for a list of these facilities in your area).

* ***Medicare cost is covered every two years.***

FDA's Mammography Program

By October 1, 1994, all mammography facilities in the U.S. (except those of the Department of Veterans Affairs) will have to be certified by the U.S. Food and Drug Administration (FDA) as providing quality mammography in order to lawfully continue to provide mammography services. The new certification requirement is a result of legislation enacted by Congress in 1992 that requires national, uniform quality and safety standards for mammography facilities. The legislation is titled the Mammography Quality Standards Act of 1992 (MQSA).

MQSA Requirements

The key features of MQSA are:

- To operate lawfully after October 1, 1994, a mammography facility must be certified by FDA as providing quality mammography services.
- For a facility to be certified, it must be accredited by a federally-approved private nonprofit or state accreditation body. As of September 22, 1994, FDA had approved the American College of Radiology (ACR) and the States of Arkansas, California, and Iowa as accreditation bodies. If other States are approved as accreditation bodies, FDA will announce their names in its quarterly newsletter, *Mammography Matters*.
- To be accredited, the facility must apply to an FDA-approved accreditation body, undergo periodic review of its clinical images, have an annual survey by a medical physicist, and meet federally-developed quality standards for personnel qualifications; quality assurance programs, and recordkeeping and reporting.
- The facility must also undergo an annual inspection conducted by federally-trained and certified federal or state personnel.

Who Will Have To Meet MQSA Requirements?

- All mammography facilities (any facility that produces, processes, or interprets mammograms), except those of the Department of Veterans Affairs. Requirements will cover personnel, equipment, radiation dose, quality assurance programs, and recordkeeping and reporting.
- Accreditation bodies (state or private nonprofit organizations)
- The following personnel who are involved in the production, processing, or interpretation of mammograms:
  - Physicians who interpret mammographic images
  - Radiologic technologists who perform mammographic procedures
  - Medical physicists who survey mammography equipment

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FDA Implementation of MQSA

FDA is responsible for implementing MQSA. This entails certifying by October 1, 1994, all U.S. mammography facilities that have received accreditation by an approved accreditation body; training and certifying federal and state inspectors; inspecting all mammography facilities annually; overseeing facility efforts to correct deficiencies; and educating mammography facilities and the public about quality mammography.

In order to meet the October 1994 deadline, Congress amended MQSA to streamline the process for issuing regulations that describe the facility quality standards and the standards to be met by the accrediting bodies The amendments gave FDA authority to issue interim regulations and exempted the agency from the requirement to consult with an advisory committee during their development.

The interim standards were published in the December 21, 1993, *Federal Register* and mailed to mammography facilities during the first week of January 1994. The National Mammography Quality Assurance Advisory Committee also has been formed. The advisory committee met on February 17-18, May 2-4, and July 12-15, 1994. After FDA consults again with the committee and considers comments received in response to the interim regulations, it will develop more comprehensive final regulations to replace the interim regulations.

After October 1, 1994, uncertified mammography facilities that continue in operation will be in violation of the law and subject to civil penalties.

For additional information:

FDA will issue periodic announcements regarding MQSA requirements and implementation strategies in its quarterly newsletter, *Mammography Matters*. To receive copies of the newsletter, write to:

Food and Drug Administration
Center for Devices and Radiological Health
Office of Health and Industry Programs
Division of Mammography Quality
and Radiation Programs (HFZ-240)
1350 Piccard Drive
Rockville, MD 20850

Fax: 301-594-3306

Also, please let us know what types of articles you'd like to see in our newsletter and what questions you'd like to have answered by sending us a Fax.

Glossary of Terms

Areola (*a-REE-oe-la*): The area of dark colored skin that surrounds the nipple.

Axilla (*ak-SIL-a*): Area under the arm.

Benign (*bee-NINE*): Not cancerous; does not invade nearby tissue or spread to other parts of the body.

Biopsy (*BY-op-see*): The removal of a sample of tissue, which is then examined under a microscope to check for cancer cells. Excisional biopsy is surgery to remove an entire lump and an area of normal tissue around it. In incisional biopsy, the surgeon removes just part of the lump. Removal of tissue with a needle is called a needle biopsy.

Cancer: A term for more than 100 diseases in which abnormal cells can spread through the bloodstream and lymphatic system to other parts of the body.

Carcinoma (*kar-sin-OE-ma*): Cancer that begins in the lining or covering of an organ.

Cyst (*sist*): a closed sac or capsule filled with fluid.

Duct: A small channel in the breast through which milk passes from the lobules to the nipple. Cancer that begins in a duct is called ductal carcinoma.

Estrogen (*ES-troe-jin*): A female hormone.

Gynecologist (*guy-ni-KOL-o-jist*): A doctor who specializes in treating diseases of the female reproductive organ.

Hormonal therapy: Treatment of cancer by removing, blocking, or adding hormones.

Hormones: Chemicals produced by glands in the body. Hormones control the actions of certain cells or organs.

Incidence: The frequency of occurrence of new cases (ex: breast cancer) during a period of time.

Lobe: A part of the breast; each breast contains 15-20 lobes.

Lobule (*LOB-yool*): A subdivision of the lobes of the breast. Cancer that begins in a

lobule is called lobular carcinoma.

Lumpectomy (*lump-EK-toe-mee*): Surgery to remove only the cancerous breast lump; usually followed by radiation therapy.

Lymph (*limf*): The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infection and disease.

Lymph nodes: Small bean-shaped structure located along the channels of the lymphatic system. Bacteria or cancer cells that enter the lymphatic system may be found in the nodes. Also called lymph glands.

Lymphatic systems (*lim-FAT-ik*): The tissue and organs (including the bone marrow, spleen, thymus, and lymph nodes) that produce and store cells that fight infection and disease. The channels that carry lymph also are part of this system.

Malignant (*Ma-LIG-nant*): Cancerous; can spread to other parts of the body.

Mammogram (*MAM-o-gram*): An x-ray of the breast.

Mammography (*MAM-OG-ra-fee*): The use of x-rays to create a picture of the breast.

Mastectomy (*mas-TEK-to-mee*): Surgery to remove the breast (or as much of the breast as possible).

Menopause: The time of a woman's life when menstration ends; also called a change of life.

Menstrual cycle (*Men-stroo-al*): The hormone changes that lead up to a woman having a period. For most women, one cycle takes 28 days.

Metastasis (*meh-TAS-ta-sis*): The spread of cancer from one part of the body to another. Cells in the metastatic (secondary) tumor are like those in the original (primary) tumor.

Mortality: Frequency of the number of deaths (death rate) in proportion to a population (ex: - there were 31 breast cancer deaths per 100,000 African-American women between 1988-1992).

Oncologist (*on-KOL-o-jist*): A doctor who specializes in treating cancer.

Palpation (*pal-PAY-shun*): A simple technique in which a doctor presses on the surface

of the body with his or her fingers to feel the organs or tissues underneath.

Pathologist (*pa-THOL-o-jist*): A doctor who identifies diseases by studying cells and tissues under a microscopic.

Prognosis (*prog-NOE-sis*): The probable outcome or course of a disease; the chance of recovery.

Prosthesis (*pros-THEE-sis*): An artificial replacement of a part of the body. A breast prothesis is a breast form worn under clothing.

Rad: A measurement that is used for the amount of radiation absorbed by the body.

Radiation therapy (*ray-dee-AY-shun*): Treatment with high energy rays to kill cancer cells. Radiation therapy that uses a machine located outside the body to aim high energy rays at the cancer is called external radiation. When radioactive material is placed in the breast in thin plastic tubes, the treatment is called implant radiation.

Radiologist: A doctor who specializes in creating and interpreting pictures of areas inside the body. The pictures are produce with x-rays, sound waves, or other types of energy.

Remission: Disappearance of the signs and symptoms of cancer. When this happens, the disease is said to be "in remission." A remission can be temporary or permanent.

Risk factor: Something that increases a person's chance of developing a disease.

Screening: Checking for disease when there are no symptoms.

Stage: The extent of the cancer. The stage of breast cancer depends on the size of the cancer and whether it has spread.

Stem cells: The cells from which all blood cells develop.

Surgery: An operation.

Tissue (*TISH-oo*): A group or layer of cells that performs a specific function.

Tumor: An abnormal mass of tissue.

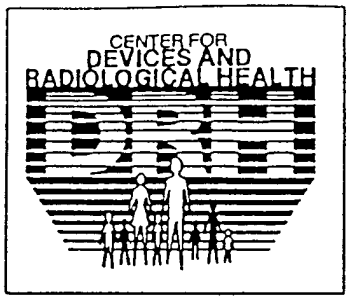
Ultrasonography (*UL-tra-son-OG-ra-fee*): A test in which high frequency sound waves

that cannot be heard by humans, are bounced off tissues and the echoes are converted into a picture (sonogram). These pictures are shown on a monitor like a TV screen. Tissues of different densities look different in the picture because they reflect sound waves differently. A sonogram can often show whether a breast lump is a fluid-filled cyst or a solid mass.

Xeroradiography (*Zee-ore-ray-dee-OG-ra-fee*): A type of mammography in which a picture of the breast is recorded on paper rather than on film.

X-ray: High-energy radiation. It is used in low doses to diagnose diseases and in high doses to treat cancer.

RESOURCES



MPRIS

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List Current as of: 11/15/95

State: GA
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Facility ID	Facility Name	Facility Address	Facility City/ZIP	Telephone	Expiration
165241	Appling General Hospital	301 East Tollison Street,	Baxley 31513	9123679841	01/27/199
101725	Athens OB-GYN, P.C.	740 Prince Avenue,	Athens 30601	4045484272	06/02/199
101733	Athens Regional Medical Center	1199 Prince Avenue,	Athens 30613	4043543220	05/12/199
184697	Atlanta Center For Medicine	2801 North Decatur Road, Suite 300	Decatur 30033	4042963111	02/11/199
101758	Atlanta Medical Associates	100 10th Street,	Atlanta 30309	4048971010	01/22/199
101766	Atlanta OB-GYN Associates, P.C.	2001 Peachtree Road, N. E., Suite 510	Atlanta 30309	4043550320	08/28/199
170738	Atlanta Women'S Specialists, P.C.	980 Johnsom Ferry Road, NE, Suite 510	Atlanta 30342	4042525196	03/19/199
185017	Atlanta Women's OB-GYN Associates	2001 Peachtree Road, NW, Suite 640	Atlanta 30309	4043523616	04/29/199
101899	Augusta Radiology and Imaging Associates, P.C.	1450 Winter Street,	Augusta 30910	7067366626	04/19/199
101907	Augusta Regional Medical Center	3624 J. Dewey Gray Circle, Suite 100	Augusta 30909	7066506761	03/09/199
166181	Augusta Reproductive Biology Associates	812 Chafee Avenue,	Augusta 30904	7067240228	09/25/199
186734	BJC Medical Center	70 Medical Center Drive,	Commerce 30529	7063351000	06/07/199
188045	Bacon County Hospital System	302 South Wayne Street,	Alma 31510	9126328961	07/29/199
173807	Baptist North Hospital	Radiology Department, 133 Samaritan Drive	Cumming 30130	4048872355	12/06/199
102509	Barrow Medical Center	1035 N. Broad Street,	Winder 30680	4048673400	08/06/199
181818	Berrien County Hospital	Radiology Department, 1221 East Mcpherson Avenue	Nashville 31639	9126867471	02/05/199
207456	Breast Health Center	7365 Old National Highway, Suite B	Riverdale 30296	4049941183	11/25/199
165522	Breast Imaging Center of Columbus	1629-B 10th Avenue,	Columbus 31901	4043221230	11/19/199
104828	Brown And Radiology Associates	The Imaging Center, 818 St. Sebastian Way Suite 100	Augusta 30901	7067223574	01/29/199
164996	Brown And Radiology Associates	1500 Johns Road, Suite 7	Augusta 30904	7067339445	12/23/199
104836	Brown and Radiology Associates - MOBILE	818 St. Sebastian Way, Suite 100	Augusta 30901	7067223574	01/21/199
160416	Bulloch Memorial Hospital	500 East Grady Street, Po Box 1048	Statesboro 30459-1048	9127646671	02/24/199
182287	Burke County Hospital	351 Liberty Street,	Waynesboro 30830	7065544435	04/12/199
191940	Butts, Kelley, Rauch, Callahan & Etal.	Northeast Georgia Diag Clinic, 710 Borad Street, SE	Gainesville 30505-3198	4045369864	04/22/199
191965	Camden Medical Center	2000 Dan Proctor Drive, P.O. Box 805	St. Marys 31558	9125764200	02/18/199
185892	Candler County Hospital	Cedar Road, P.O. Box 597	Metter 30439	9126855741	04/14/199
180521	Carolyn Dudley, M.D., P.C.	X-Ray, Mammography, Ultrasound, 5040 Snapfinger Woods Drive Suite 202	Decatur 30035	4043221003	04/30/199
159277	Cartersville Medical Center	960 Joe Frank Harris Pkwy,	Cartersville 30120	4043821530	04/14/199
192138	Central State Hospital	Medical Surgical Div - Rad, Culver Kidd Building Vinson Highway	Milledgeville 31062	9124535792	01/20/199
204917	Charlton Memorial Hospital	1203 N. Third Street, P.O. Box 188	Folkston 31537	9124962531	05/31/199
106369	Chatham Radiologists, P.A.	9 Medical Arts Center,	Savannah 31405	9123553642	07/28/199
170902	Chattooga Medical Center	Radiology Department, 1010 Highland Avenue	Summerville 30747	7068574761	01/08/199
143578	Chatuge Regional Hospital	P.O. Box 509,	Hiawassee 30546	4048962222	07/09/199
166132	Chestatee Regional Hospital	Radiology Department, 1111 Mountain Drive	Dahlonega 30533	4048646136	11/23/199
106757	Clark-Holder Clinic, P.A.	303 Smith Street,	Lagrange 30240	7068458142	05/27/199
177592	Clinch Memorial Hospital	524 Carswell Street, P.O. Box 515	Homerville 31634	9124875211	04/07/199

CENTER FOR DEVICES AND RADIOLOGICAL HEALTH

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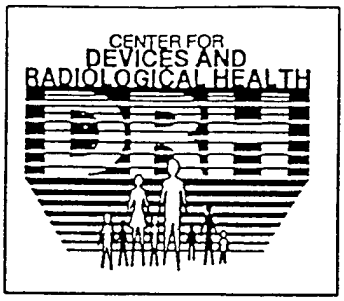
182394	Clinical Imaging of Roswell	1295 Hebmree Road, Suite 101	Roswell 30076	4046649729	05/04/1998
107052	Cobb Hospital and Medical Center	3950 Austell Road,	Austell 30001	4049445000	04/08/1998
156497	Coffee Regional Hospital	West Ward Street, Po Box 1248	Douglas 31533-1248	9123841900	10/02/1997
107136	Colquitt Regional Medical Center	P.O. Box 40, 3131 Thomasville Highway	Moultrie 31776-0040	9128903500	01/13/1997
176800	Community Healthcare Network - MOBILE	Mobile Diagnostic Unit, 2000 Tenth Avenue Suite 200	Columbus 31994-2299	7065711900	09/25/1997
108480	Crawford Long Hospital Of Emory University	550 Peachtree Street, NE,	Atlanta 30365	4046864411	01/11/1998
108522	Crisp Regional Hospital	902 7th St. North, P.O. Box 5007	Cordele 31015	9122763345	05/29/1997
108696	Cumberland Women'S Health Center	2697 Spring Road,	Smyrna 30080	4044382942	02/05/1998
108845	Dalton Obstetrics and Gynecology, PC	1108 Professional Blvd.,	Dalton 30720	4042266542	08/16/1996
152652	Dalton Women's Imaging Center, Inc.	1502 Chattanooga Road, P.O. Box 1207	Dalton 30722	7062789729	06/01/1998
109181	DeKalb Medical Center Diagnostic - MOBILE	Breast and Osteoporosis Center, 2701 N. Decatur Road	Decatur 30033	4045015678	10/30/1996
109199	DeKalb Medical Center, Inc.	Diag Breast & Osteopor. Cntr, 2701 N. Decatur Road	Decatur 30033	4045015881	04/29/1997
109140	Decatur Hospital	450 North Candler Street,	Decatur 30030	4043784982	07/07/1996
202457	Dekalb Medical Center - Hillandale	5900 Hillandale Dr.,	Lithonia 30058	4045015881	03/26/1998
109207	Dekalb-Grady Clinic	30 Warren Street, SE,	Atlanta 30317	4043779301	12/03/1996
183822	Del Mazo Medical Services	478 Peachtree Street, NE, Suite 107A	Atlanta 30308-3124	4045771112	01/29/1998
109678	Diagnostic Imaging Center	Georgia Baptist Medical Center, 285 Boulevard N.E.	Atlanta 30312	4042653958	02/17/1998
110056	Diagnostic Radiology, Ultrasound & Breast Center, PC	755 Mt. Vernon Highway, Suite 310	Atlanta 30328	4042523430	08/14/1997
110221	Doctor's Hospital	616 19Th Street,	Columbus 31902-2188	7065714281	08/25/1996
201509	Dodge County Hospital	715 Griffin Street, P.O. Box 4309	Eastman 31023	9123744000	11/29/1998
174680	Donalsonville Hospital, Inc.	102 Hospital Circle, P.O. Box 677	Donalsonville 31745	9125245217	01/11/1998
202747	Dooly Medical Center	Pitts Road, P.O. Box 278	Vienna 31092	9122684141	02/18/1998
110452	Dorminy Medical Center	P.O. Box 1447, Perry House Road	Fitzgerald 31750	9124235431	12/02/1996
110486	Douglas General Hospital	8954 Hospital Drive,	Douglasville 30134	4049206340	07/08/1996
180224	Douglas Women's Center	880 Crestmark Drive,	Lithia Springs 30057	4049418662	07/13/1998
168773	Drs. Goldsmith, Byars & Mecredy, M.D., P.C.	1126 Medical Center Drive,	Augusta 30909	7068635082	03/30/1998
192633	Drs. Ramsey, Taylor, Suarez, and Cook	95 Collier Road, NW, Suite 4055	Atlanta 30309	4043523656	07/13/1998
110924	Drs. Taylor, Johnston, Croft, Suarez, Ramsey & Cook	105 Collier Road, Suite 2030	Atlanta 30309	4043521235	11/11/1996
203513	Drs. Williams, Eaker, Speese & Associates, Pc.	2258 Wrightsboro Road, Suite 400	Augusta 30910	7067334427	06/21/1998
187047	Dublin Internal Medicine	104 Fairview Park Drive,	Dublin 31021	9122721366	01/27/1998
135897	Dunwoody Medical Center	4575 N. Shallowford Road,	Atlanta 30338	4044542075	12/13/1995
179887	Dwight David Eisenhower Army Medical Center	Radiology Department, Building 300 Chamberlein Avenue	Fort Gordon 30905-5650	7067872245	07/09/1998
170373	Eagle's Landing Ob-Gyn Associates, P.C.	150 Eagle Spring Court,	Stockbridge 30281	4044741919	03/22/1998
181016	Early Memorial Hospital	Radiology Department, 630 Columbia Road	Blakely 31723	9127234241	02/05/1998
200253	East Metro Ob-Gyn Specialist, Inc.	1403 Manchester Drive,	Conyers 30207	4049222664	06/23/1998



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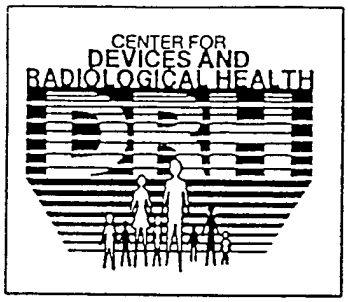
111500	Eastside Medical CenterWellness Center	2160 Fountain Drive, P.O. Box 587	Snellville 30278	4047362551	10/17/199
173294	Effingham Hospital	Radiology Department, Highway 119 South P.O. Box 386	Springfield 31329-0386	9127546451	04/23/199
176776	Elbert Memorial Hospital	4 Medical Drive,	Elberton 30635	7062132573	05/27/199
186908	Emanuel County Hospital	117 Kite Road,	Swainsboro 30401	9122370287	04/14/199
201608	Etowah Regional Medical Service, P.C.	Medical Assoc Of N. Georgia, 320 Hospital Road	Canton 30114	4044795535	05/27/199
181610	Evans Memorial Hospital	200 North River, P.O. Box 518	Claxton 30417	9127392611	05/27/199
112250	Fairview Park Hospital	200 Industrial Blvd.,	Dublin 31021	9122752000	05/08/199
156679	Fannin Regional Hospital	P.O. Box 1549, Highway 5 North	Blue Ridge 30513	4046323711	12/07/199
204230	Fayette Diagnostic Center	1250 Highway 54 West,	Fayetteville 30214	4047190386	05/31/199
155499	Fayette Medical Clinic, P.C.	Department Of Imaging, 101 Yorktown Drive	Fayetteville 30214	4044604318	02/05/199
199976	Fayette Surgical Clinic & Breast Center	325 North Jeff Davis Drive,	Fayetteville 30214	4044611337	11/29/199
192864	Flint River Community Hospital	Rad Dept - Nancy Junkins, 509 Sumter Street P.O. Box 770	Montezuma 31063	9124723222	04/28/199
156208	Floyd Medical Center	Turner Mccall Boulevard,	Rome 30162	7068022225	03/19/199
150128	Focal Pointe Women	3200 Riverside Drive, Bldg. C	Macon 31210		06/16/199
177782	Fort Mcpherson Army Health Clinic	Usahc Radiology Department,	Fort Mcpherson 30330-5000	4047522235	03/23/199
113530	G.V. Raghu, M.D. & M.H. Shah, M.D., P.C.	1021 North Houston Road, P.O. Box 2105	Warner Robins 31093	9129229944	06/19/199
155267	Genesis Women's Diagnostic Center	6175 Barfield Road, Suite 200	Atlanta 30328	4048430200	03/02/199
173542	Georgia Baptist Medical Group - MOBILE	1000 Corporate Center Drive, Suite 120	Morrow 30260	4049682850	07/05/199
114348	Gordon Hospital	P.O. Box 938, Redbud Road	Calhoun 30701	4046292895	07/09/199
193029	Grady General Hospital	115 5Th Street, SE, P.O. Box 360	Cario 31728	9123771150	10/22/199
193037	Grady General Hospital Healthcare Connection - MOBILE	115 5Th Street, SE, P.O. Box 360	Cairo 31728	9123771150	08/19/199
193045	Grady Health System	Radiology Dept, Mammography, 80 Butler Street, SE P.O. Box 278	Atlanta 30335-3801	4046164530	04/08/199
181743	Gwinnet Imaging, Inc.	3540 Duluth Park Lane, Suite 140	Duluth 30136	4046235551	12/11/199
115121	Gwinnett Hospital System	Gwinett Womens Pavilion, P.O. Box 348	Lawrenceville 30246	4048226063	03/17/199
115139	Gwinnett Hospital System	3805 Pleasanthill Road,	Duluth 30136	4044955100	10/25/199
182469	Gwinnett Hospital System-Care-A-Van - Mobile	700 Medical Center Blvd.,	Lawrenceville 30245	4048226023	03/23/199
115147	Gwinnett Imaging, Inc.	601 A Professional Drive, Suite 110	Lawrenceville 30245	4049625552	06/12/199
115154	Gwinnett Ob-Gyn Associates, Pc	1700 Tree Lane Road, Suite 290	Snellville 30278	4049720330	03/16/199
110734	Gwinnett Women's Group	1700 Tree Lane Rd., Suite 230	Snellville 30278	4049794700	07/31/199
178822	Gynecology And Obstetrics Of Gwinnett, P.C.	696 Pike Street, Nw, Suite 450	Lawrenceville 30245	4049959100	12/08/199
115717	HCA Coliseum Medical Centers	350 Hospital Drive,	Macon 31201	9127496886	01/11/199
188896	Habersham County Medical Center	Highway 441, P.O. Box 37	Demorest 30535	7067542161	07/13/199
206227	Hamilton Diagnostics	1407 Chattanooga Rd.,	Datton 30720	7062726565	03/02/199
160036	Hamilton Medical Center	Memorial Drive, P.O. Box 1168	Dalton 30722-1168	4042782105	03/02/199
156216	Harbin Clinic	1825 Martha Berry Blvd.,	Rome 30165	7062366339	05/14/199



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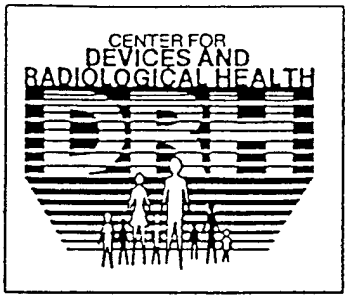
173666	Hart County Hospital	Radiology Department, Po Box 280 Gibson & Cade Street	Hartwell 30643	7063763921	03/17/1998
165456	Hca Parkway Medical Center	1000 Thornton Road,	Lithia Springs 30057	4049444141	03/08/1998
184515	Heart Of Georgia Womens Center	209 Green Street, P.O. Box 8288	Warner Robins 31093	9123283399	03/01/1998
185777	Henderson & Walton Women'S Center	318 W. Pike Street, Suite 401	Lawrenceville 30246	4049625100	02/22/1998
116327	Henry General Hospital	1133 Eagles Landing Pkwy.,	Stock Bridge 30281	4043892292	05/29/1997
172254	Higgins General Hospital	Radiology Department, 200 Allen Memorial Drive	Bremen 30110	4045375851	07/09/1998
117085	Houston Medical Center	Radiology Department, 1601 Watson Boulevard	Warner Robins 31088	9129224281	06/19/1997
117424	Hutcheson Medical Center	100 Gross Crescent Circle,	Fort Oglethorpe 30742	7068582200	06/16/1997
195305	Imaging Center NE Georgia Medical Center	1284 Sims Street,	Gainesville 30501	4045357883	01/11/1998
160622	Imaging Center Of Woodstock	Alpharetta-Woodstock Ob/Gyn, 203 Woodpark Place Suite A-200	Woodstock 30188	4049247761	12/04/1997
118323	Jeff Davis Hospital	P.O. Box 1200, 1215 S. Tallahassee Street	Hazlehurst 31539	9123757781	08/04/1998
174599	Jefferson Hospital	Radiology Department, 1067 Peachtree Street	Louisville 30434	9126257000	06/24/1998
118547	John D. Archbold Memorial Hospital	Gordon Avenue @ Mimosa Drive,	Thomasville 31792	9122282900	04/27/1997
118919	Kaiser Permanente - Crescent Centre	200 Crescent Centre Pkwy,	Tucker 30084	4044963520	07/21/1998
166637	Kaiser Permanente - Cumberland Facility	2525 Cumberland Parkway,	Atlanta 30339	4047236958	06/07/1998
164665	Kaiser Permanente - Glenridge	5775 Glenridge Drive, Building C	Atlanta 30328	4042506576	01/08/1998
200212	Kaiser Permanente - Gwinnett Facility	3650 Steve Reynolds Blvd.,	Duluth 30136	4049316130	10/21/1998
166629	Kaiser Permanente - Southwood Office	2400 Mount Zion Parkway,	Jonesboro 30236	4046033522	04/08/1998
185314	Katz & Gladstone, M.D., P.C.	237 Upper Riverdale Road,	Riverdale 30274	4049961200	05/24/1998
119255	Kennestone Women's Center	30 South Medical Drive,	Marietta 30060	4047935574	09/04/1997
165092	Lanier Park Regional Hospital	675 White Sulphur Road,	Gainesville 30505	4045033346	10/30/1997
175083	Lawrence Cohen, M.D., P.A.	29 S.W. Upper Riverdale Road, Suite 130	Riverdale 30274	4049910220	01/11/1998
173450	Liberty Memorial Hospital	Radiology Department, Po Box 919	Hinesville 31313	9123699432	09/18/1997
121442	Macon Northside Hospital	Radiology Department, 400 Charter Boulevard	Macon 31093	9127576032	06/21/1998
173070	Martin Army Community Hospital	9200 Marne Road, Building 9200	Fort Benning 31905-6100	7065444051	03/23/1998
122655	McDuffie County Hospital	521 Hill Street, Sw,	Thomson 30824	7065951411	07/28/1998
163527	Meadows Memorial Hospital	1703 Meadows Lane, P.O. Box 1048	Vidalia 30474	9125378921	04/21/1998
165233	Med Cross Diagnostic Center	1818 Forsyth Street,	Macon 31201	9127380099	11/16/1998
188151	Medical Center Family Practice	309 Bellevue Avenue,	Dublin 31021	9122727411	05/20/1998
123117	Medical Center of Central Georgia	777 Hemlock Street,	Macon 31201	9126337348	02/19/1996
123265	Medical College of Georgia	Department Of Radiology, 1120 Fifteenth Street	Augusta 30912	7067213251	08/26/1998
123562	Medical Quarters Imaging	5555 Peachtree Dunwoody Road, Suite G-51	Atlanta 30342	4042555767	05/11/1997
123927	Memorial Hospital & Manor	1500 E. Shotwell Street,	Bainbridge 31317	9122463500	11/16/1998
174557	Memorial Hospital Of Washington County	Radiology Department, 610 Searta Road	Sandersville 31082	9125523901	12/07/1997



MPRIS

The Mammography Program Reporting and Information System

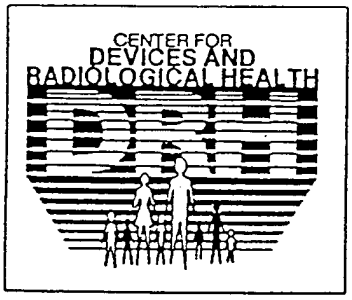
State Facilities Listing

Questions regarding certification status should be directed to 800-838-7715, or FAX 410-290-5351

List Current as of: 11/15/95

State: GA
Accreditation Status: Fully Accredited

Facility ID	Facility Name	Facility Address	Facility City/ZIP	Telephone	Expiration
181388	Memorial Hospital of Adel, Inc.	706 N. Parrish Avenue,	Adel 31620	9128962251	06/04/199
149047	Memorial Medical Center, Inc. Radiology Dept	4700 Waters Ave,	Savannah 31403	9123508436	03/19/199
125450	Middle Georgia Hospital	888 Pine Street,	Macon 31297	9127431551	08/27/199
125724	Milledgeville Ob-Gyn	750 North Cobb Street,	Milledgeville 31061	9124538511	05/11/199
194043	Mobile Mammography of Carlton Breast Center	At Phoebe Putney Memorial Hosp, 425 3rd Avenue P.O. Box 1828	Albany 31703	9128894012	04/23/199
201681	Monroe County Hospital	88 Martin Luther King, Jr., Dr, P.O. Box 1068	Forsyth 31029	9129942521	03/17/199
199315	Mountainside Medical Center	1301 Church Street, Box 730	Jasper 30143	7066922441	07/07/199
198317	Murray Medical Center	707 Old Ellijay Road, P.O. Box 1406	Chatsworth 30705	7066954564	03/19/199
182378	Newnan Hospital	Radiology Department, 80 Jackson Street	Newnan 30263	4042543660	05/27/199
158402	Newton General Hospital	5126 Hospital Drive,	Covington 30209	4047867053	06/04/199
173302	North Atlanta Obgyn, P.A.	980 Johnson Ferry Road, Suite #410	Atlanta 30342	4042550621	11/20/199
127621	North Fulton Regional Hospital	11585 Alpharetta Highway,	Roswell 30076	4047512500	03/02/199
203828	North Georgia Medical Center	Jasper Road,	Ellijay 30540	7062764741	07/27/199
188250	North Gwinnett Medical Imaging	4700 Nelson Brogdon Blvd., Suite 140	Sugar Hill 30518	4049453929	03/25/199
200436	Northside - Alpharetta Imaging	3400-A State Bridge Road, Suite 160	Alpharetta 30202	4046674029	03/03/199
152033	Northside Hospital	Radiology Department, 1000 Johnson Ferry Road NE	Atlanta 30342	4048518820	06/22/199
128165	Northside Hospital Outpatient Radiology	980 Johnson Ferry Road N.E., Suite 300	Atlanta 30342	4048516363	11/11/199
128173	Northside Hospital Screen Atlanta - MOBILE	1000 Johnson Ferry Road, NE,	Atlanta 30342	4048516070	07/30/199
128181	Northside Imaging	993-F Johnson Ferry Road, Suite 140	Atlanta 30342	4042525807	06/11/199
175927	Northwest Obgyn	Prime Time Adult Womens Center, 3193 Howell Mill Road Suite 323	Atlanta 30327	4043505793	01/06/199
177618	Northwoods Medical Specialists	1230 Baldridge Marina Road,	Cumming 30131	4047816350	04/29/199
128769	OB-GYN of Atlanta, P.C.	975 Johnson Ferry Road N.E., Suite 400	Atlanta 30342	4042521137	06/12/199
128819	Obstetric & Gynecologic Associates of Columbus, P.C.	2000 Hamilton Road,	Columbus 31993	7063244891	10/23/199
189001	Obstetrics & Gynecology, P.A.	105 Briarcliff Road,	Warner Robins 31088	9129223191	04/23/199
128876	Obstetrics and Gynecology Associates	1430 Harper Street,	Augusta 30910	7067242261	04/01/199
174565	Oconee Regional Medical Center	Radiology Department, 821 North Cobb Street	Milledgeville 31061	9124525021	11/06/199
129783	PAPP Clinic, P.A.	15 Cavenden Street,	Newnan 30263	4042536616	09/23/199
154823	Palmyra Medical Centers	2000 Palmyra Road,	Albany 31703	9124342104	07/27/199
130195	Paulding Memorial Medical Center	600 W. Memorial Drive,	Dallas 30132	4044437080	09/15/199
179036	Peach County Hospital	601 N. Camellia Boulevard, P.O. Box 1799	Fort Valley 31030	9128258691	03/31/199
130229	Peachtree City Gynecology Center	210 Clover Reach Drive,	Peachtree City 30269	4044879604	12/03/199
182402	Peachtree Regional Hospital	Radiology Department, 60 Hospital Road	Newnan 30263	4042531912	02/26/199
130237	Peachtree Womens Clinic	980 Johnson Ferry Road, Suite 220	Atlanta 30342	4042558022	10/27/199
158782	Phoebe Putney Memorial Hospital	417 Third Avenue, P.O. Box 1828	Albany 31703	9128894012	02/09/199
130799	Piedmont Hospital	Outpatient Diagnostic Center, 1968 Peachtree Road N.W.	Atlanta 30309	4043501810	07/06/199



MPRIS

The Mammography Program Reporting and Information System

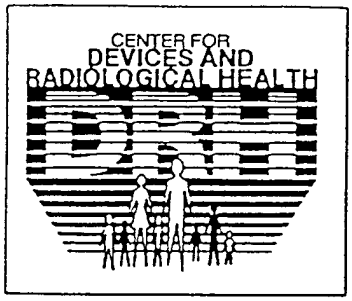
State Facilities Listing

Questions regarding certification status should be directed to 800-838-7715, or FAX 410-290-6351

List Current as of: 11/15/95

State: GA
Accreditation Status: Fully Accredited

Facility ID	Facility Name	Facility Address	Facility City/ZIP	Telephone	Expiration
152421	Piedmont Hospital Medical Care Center - Sandy Springs	6597-C Roswell Road,	Atlanta 30328	4047059007	03/19/1998
152017	Piedmont Medical Care Center - Brookhaven	4062-C Peachtree Rd.,	Atlanta 30319	4042314231	03/23/1998
176925	Polk General Hospital	Radiology Department, 424 North Main Street	Cedartown 30125	4047482500	06/22/1998
171082	Primus - Savannah	1100 Eisenhower Drive,	Savannah 31410	9123527245	02/22/1998
170423	Promina Windy Hill Hospital	2540 Windy Hill Road,	Marietta 30067	4049513363	03/19/1998
181594	Putnam General Hospital	Radiology Department, 101 Greensboro Highway P.O. Box 4330	Eatonton 31024	7064852711	07/13/1998
132357	Radiology Associates of Clayton, PC	33 Upper Riverdale Road, #105,	Riverdale 30274	4049919729	12/08/1998
132381	Radiology Associates of Houston Co., P.A.	102 Hospital Drive,	Warner Robins 31088	9129229314	05/14/1998
132399	Radiology Associates of Macon, P.C.	770 Pine Street, Suite 250	Macon 31201	9127431456	03/23/1997
132456	Radiology Associates of Savannah	5223 Paulsen Street,	Savannah 31405	9123520731	05/21/1998
132472	Radiology Associates of Thomasville	P.O. Drawer 2450, 113 West Hansell St.	Thomasville 31799	9122266776	08/09/1998
132480	Radiology Associates of Valdosta, P.C.	2704-D North Oak Street, Post Office Box 3499	Valdosta 31604-3499	9123339729	07/24/1997
132746	Radiology Consultants, P.C.	3010 Hampton Avenue,	Brunswick 31523	9122652431	05/06/1998
165936	Radiology Consultants, P.C.	288 Redfern Village,	St. Simons Island 31522	9126383500	10/20/1997
132951	Radiology Of Mmc, Inc.	1462 Montreal Road, Suite 316	Tucker 30084	4049392740	03/18/1998
133272	Ratchford & McDaniel, P.C.	105 Collier Road, Suite 1080	Atlanta 30309	4043522850	05/26/1997
202531	Redmond Regional Medical Center	501 Redmond Road,	Rome 30164	7062910291	03/23/1998
133371	Redmond Regional Medical CenterWoman Care	501 Redmond Road,	Rome 30164	7062910291	04/13/1997
133488	Regional Imaging Center	1650 Hardeman Avenue,	Macon 31201	9127499720	07/23/1998
169987	Reproductive Endocrinologists, P.C.	903 15th Street,	Augusta 30910	7067248878	07/22/1998
198960	Ridgecrest Hospital	393 Ridgecrest Circle,	Clayton 30525	7067824297	03/24/1998
182311	Robins Air Force Base	653Rd Medical Group, 655 7th Street	Robins Afb 31098-5300	9129264280	05/17/1998
134304	Rockdale Hospital	1412 Milstead Avenue,	Conyers 30207	4049228900	07/07/1996
178541	Rogsbert F. Phillips, M.D.	Mammography Department, 4150 Snapfinger Woods Drive Suite 100	Decatur 30035	4042895408	07/05/1998
134510	Roswell Imaging Center	2500 Hospital Boulevard, Suite 220	Roswell 30076	4047512900	05/11/1998
135368	Satilla Regional Medical Center	410 Darling Avenue,	Waycross 31501	9122872599	08/28/1997
200808	Savannah Family Practice A.	361 Commercial Drive,	Savannah 31406	9123555045	05/13/1998
154435	Savannah Radiologists, P.A.	503 Eisenhower Drive,	Savannah 31416-1444	9123541444	02/22/1998
189209	Screven County Hospital	215 Mims Road,	Sylvania 30467	9125647426	04/21/1998
201293	Smith Hospital	117 East Main Street, P.O. Box 337	Hahira 31632	9127942502	07/15/1998
136572	Smyrna Mammography Center	3949 South Cobb Drive,	Smyrna 30080	4044385217	01/21/1996
136861	South East Georgia Regional Medical Center	3100 Kemble Avenue,	Brunswick 31521	9122647009	08/16/1998
173146	South East Georgia Regional Medical Center - Mobile	3100 Kemble Avenue,	Brunswick 31520	9122647113	02/22/1998
136887	South Fulton Medical Center	1170 Cleveland Avenue,	East Point 30344	4046694949	12/10/1996
205948	South Fulton Medical Center, Breast Health Center	1100 Cleveland Avenue,	East Point 30344	4047675359	12/10/1996



MPRIS

The Mammography Program Reporting and Information System

State Facilities Listing

Questions regarding certification status should be directed to 800-838-7715, or FAX 410-290-6351

List Current as of: 11/15/95

State: GA
Accreditation Status: Fully Accredited

Facility ID	Facility Name	Facility Address	Facility City/ZIP	Telephone	Expiration
136895	South Georgia Medical Center	Department of Radiology, 2501 N. Patterson Street	Valdosta 31603-1727	9123331590	09/11/1997
209015	Southeastern Health ServicesPrucare	5620 Hillandale Drive,	Lithonia 30058	7709089289	10/21/1998
183426	Southeastern Health Servicesprucare	3200 Downwood Circle, Suite 300	Atlanta 30327	4046095678	01/22/1998
164483	Southern Crescent Women'S Healthcare	804 Commerce Boulevard, Suite A	Riverdale 30296	4049912200	03/24/1998
137208	Southern OB-GYN Associates, P.C.	2841 North Patterson Street,	Valdosta 31602	9122412800	07/21/1998
200097	Southern Radiology Services - Mobile	606 Academy Avenue, P.O. Box 1527	Dublin 31040	9122741100	03/22/1998
137265	Southern Regional Medical Center	11 SW Upper Riverdale Road,	Riverdale 30274	4049918194	04/02/1998
137273	Southern Regional Medical Center - MOBILE	11 SW Upper Riverdale Road,	Riverdale 30274	4049918191	05/18/1997
168740	Southside Healthcare, Inc.	1039 Ridge Avenue S.W.,	Atlanta 30315	4046881350	02/22/1998
181420	Southwest Georgia Regional Medical Center	109 Randolph Street,	Cuthbert 31740	9127322181	09/03/1998
162255	Southwest Hospital & Medical Center	501 Fairburn Road, S.W.,	Atlanta 30331	4046991111	10/02/1997
165712	Spalding Regional Hospital	Radiology Department, South 8Th Street	Griffin 30223	4042296491	02/17/1998
157214	Spalding Regional Hospital Mammography Center	126 Spalding Village,	Griffin 30223	4042296908	01/08/1998
158824	St. Francis Hospital	2122 Manchester Expressway,	Columbus 31904	4045964000	10/07/1997
167494	St. Joseph Hospital	2260 Wrightsboro Road,	Augusta 30910	7067377400	03/08/1998
139311	St. Joseph'S Hospital Of Atlanta	Women'S Breast Health Center, 5665 Peachtree-Dunwoody Road	Atlanta 30342	4048517470	03/02/1998
154443	St. Joseph's Hospital	11705 Mercy Blvd.,	Savannah 31406	9129275452	03/30/1998
176677	St. Josephs HealthCenter Savannah - Downtown	2003 Drayton Street,	Savannah 31401	9122322003	08/10/1998
140061	St. Mary's Health Care Systems	1230 Baxter Street,	Athens 30613	7063543170	05/14/1998
140699	Statesboro Imaging Center	8 Lester Road,	Statesboro 30458	9127645656	07/04/1996
181008	Stephens County Hospital	Falls Road, P.O. Box 947	Toccoa 30577	7068866841	06/17/1998
151092	Sumter Regional Hospital	Radiology Department, 100 Wheatley Drive	Americus 31709	9129246011	01/08/1998
162438	Tanner Medical Center	705 Dixie Street,	Carrollton 30117	4048369634	01/27/1998
162420	Tanner Medical Center - Women'S Center	301 Ambulance Drive,	Carrollton 30117	4048369281	01/08/1998
189217	Tanner Medical Center Villa Rica	601 Dallas Road,	Villa Rica 30180	4044597174	05/14/1998
175968	Tattnall Memorial Hospital	Route 1, Box 261,	Reidsville 30453	9125574731	04/29/1998
141515	Taylor Regional Hospital	Macon Highway,	Hawkinsville 31036	9127830200	11/25/1998
141549	Telfair Pavilion	5354 Reynolds Street,	Savannah 31405	9126927000	07/24/1997
204982	The Breast Center	702 Canton Road,	Marietta 30060	4044284486	06/28/1998
195263	The Breast Center Of North Georgia	Radiology Associates Of North, 110 Waleska Road	Canton 30114	7064794811	01/27/1998
199117	The Emory Clinic At Piedmont	1938 Peachtree Road, Suite 705	Atlanta 30309	4043517718	05/18/1998
142257	The Emory Clinic Breast Imaging Center	1327 Clifton Road, N.E., South Clinics Bldg.	Atlanta 30322	4042484446	03/11/1996
198879	The Institute For Endocrinology & Reproductive Medicine, Pc	3280 Howell Mill Road, Suite 205	Atlanta 30327	4043553232	04/02/1998
160325	The Medical Center, Inc.	710 Center Street, Po Box 951	Columbus 31994-2299	4045711064	04/08/1998
142802	The Perry Hospital	Radiology Department, 1120 Morningside Drive	Perry 31069	9129877867	09/19/1996

CENTER FOR DEVICES AND RADIOLOGICAL HEALTH

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The Mammography Program Reporting and Information System

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List Current as of: 11/15/95

State: GA

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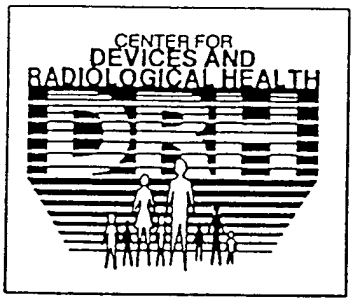
Facility ID	Facility Name	Facility Address	Facility City/ZIP	Telephone	Expiration
187427	Thomas N. Kias, M.D., P.C.	1010 Prince Avenue, Suite 115	Athens 30606	7065460832	03/23/199
161356	Tift General Hospital	901 East 18th Street,	Tifton 31793	9123867500	09/25/199
199109	Tifton Medical Clinic	712 E. 18Th Street,	Tifton 31794	9123823814	02/11/199
143479	Toccoa Clinic Medical Associates	Radiology Department, 800 Doyle Street	Toccoa 30577	70628252445245	07/23/199
173740	Ty Cobb Healthcare System, Inc.	577 Franklin Spring Street, P.O. Box 589	Royston 30662	7062455034	03/04/199
144188	Union General Hospital	714 Hospital Drive, Atn: Pam Collins, R.T.(R)	Blairsville 30512	4047452111	05/15/199
144402	University Hospital	1350 Walton Way,	Augusta 30910-3599	7068235000	09/09/199
144899	Upson Regional Medical Center	801 West Gordon Street,	Thomaston 30286	7066478111	09/26/199
179085	Walton Medical Center	330 Alcovy Street,	Monroe 30655	4042671720	01/08/199
145946	Wayne Memorial Hospital	P.O. Box 408, 865 South First Street	Jesup 31545	9125303401	06/21/199
146209	West Georgia Medical CenterECCC	111 Medical Drive,	Lagrange 30240	7068821411	07/23/199
146316	West Paces Medical Center	Radiology Department, 3200 Howell Mill Road, N.W.	Atlanta 30327	4043504438	07/31/199
185124	West Paces Medical Center	3200 Howell Mill Road, NW,	Atlanta 30328	4043505565	07/31/199
195651	Westside Urbqn Health Center	115 E. York Street, P.O. Box 2024	Savannah 31402	9129446080	05/11/199
146894	William H. Holbrook, M.D. Mammography Services	1010 Prince Avenue,	Athens 30606	4043531212	07/21/199
176446	Winn Army Community Hospital	Radiology Service,	Fort Stewart 31314	9127676725	03/01/199
147371	WomanCare	1455 Montreal Road, Suite 202	Tucker 30084	4044916686	07/24/199
195735	Women'S Center	University Hospital Medical Ce, 4106 Columbia Road Suite 201	Martinez 30907	7068683200	03/11/199
159301	Women's Diagnostics of Albany	410 Fifth Avenue,	Albany 31701	9128835211	10/08/199
187484	Womens Center of Piedmont Hospital	324 Stevens Entry,	Peachtree City 30269	4044876543	06/07/199
201376	Woodstock Imaging Center	2000 Professional Way, Bldg. 100 - Suite A	Woodstock 30188	4045919711	05/20/199
203604	Yvonne Scott, M.D. Mammography Center	5430 Jimmy Carter Blvd., Suite 100	Nocross 30093	4047349353	04/20/199

Number of Facilities: 267

Accreditation Status: Provisionally Accredited

Facility ID	Facility Name	Facility Address	Facility City/ZIP	Telephone	Expiration
208330	Columbus Clinic	610 19th. Street,	Columbus 31901	7063227884	02/03/199
208793	Columbus Diagnostic Center	2040 10th Avenue,	Columbus 31901	7063223000	03/18/199
208595	Floyd Medical Center - MOBILE	Turner McCall Blvd., P.O. Box 233	Rome 30161	7068022225	03/03/199
208595	Floyd Medical Center - MOBILE	Turner McCall Blvd., P.O. Box 233	Rome 30161	7068022225	03/03/199
208264	Northwest Mobile Health Service-MOBILE @	Promina Cobb Hospital, 3950 Austell Road	Austell 30001	4047323500	01/29/199
207977	Redmond Regional Medical Center - MOBILE	501 Redmond Road,	Rome 30164	7062910291 820	01/15/199
208629	Southeastern Diagnostic Center Corporation	121 Linden Avenue, Suite 105	Atlanta 30308	4042415766	03/04/199
207365	Southeastern Health ServicesPrucare	1720 Phoenix Boulevard,	College Park 30249	4049979928X30	12/09/199



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The Mammography Program Reporting and Information System

State Facilities Listing

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List Current as of: 11/15/95

State: **GA**

Number of Facilities: 8

Accreditation Status: No Longer Practicing Mammography

Facility ID	Facility Name	Facility Address	Facility City/ZIP	Telephone	Expiration
202341	Cobb Hospital And Medical Center	3950 Austell Rd.,	Austell	4047324000	04/28/1995
153981	Delivered Radiology Services - MOBILE	4344 Ridgegate Drive N.W.,	Duluth	4044090016	05/05/1995
203901	Eastside Medical Center	1700 Medical Way, P.O. Box 587	Snellville 30278		06/16/1995
157685	Metropolitan Hospital	3223 Howell Mill Road,	Atlanta	4043510500	04/28/1995
182295	Primus Family Practice Clinic	1727 Boxwood Place,	Columbus	7065617066	04/28/1995
170332	Southside Healthcare, Inc. - MOBILE	1039 Ridge Avenue, S.W.,	Atlanta	4046881350	05/05/1995
202903	West Cobb Medical Center	3707 Largent Way,	Marietta 30064		07/14/1995
186510	Wheeler County Hospital	Third Street, P.O. Box 398	Glenwood	9125235113	04/28/1995

Number of Facilities: 8

Accreditation Status: Reaccreditation Denied

Facility ID	Facility Name	Facility Address	Facility City/ZIP	Telephone	Expiration
107243	Columbus Diagnostic Center	2040 10th Avenue,	Columbus 31901	4043223000	09/22/1995
171660	Gordon Hospital - MOBILE	156 Red Bud Road, P.O. Box 938	Calhoun 30701	7066292895	11/10/1995
195289	The Family Health Center	Medical Ctr Of Central Georgia, 3780 Eisenhower Parkway	Macon 31206	9127843500	11/17/1995

Number of Facilities: 3

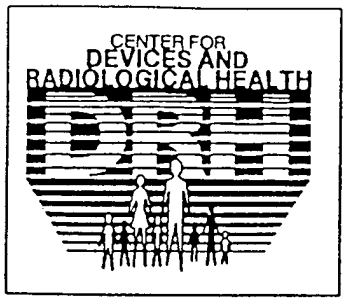
Accreditation Status: Accreditation Denied

Facility ID	Facility Name	Facility Address	Facility City/ZIP	Telephone	Expiration
188110	Chatham Medical Associates	4451 Paulsen Street,	Savannah 31405	9123507500	04/28/1995
199877	Midtown Diagnostic Center	849 Peachtree Ne, Suite 202B	Atlanta 30308	4048733423	11/03/1995
205633	Primary Care Diagnostics Center, Inc.-Mobile	719 Scenic Highway, Suite C,	Lawrenceville 30245	4048723514	11/10/1995
199869	South Dekalb Diagnostic Center	3424 Flat Shoals Road, Ste. C/D	Decatur 30034	4042128357	11/03/1995
195834	Worth County Hospital, Inc.	Camilla Hwy, P.O. Box 545	Sylvester 31791	9127766961	06/30/1995

Number of Facilities: 5

Accreditation Status: Provisional Reinstatement of Accreditation

Facility ID	Facility Name	Facility Address	Facility City/ZIP	Telephone	Expiration
189233	Complete Health Care Center, Inc.	1013 Main Street, Ste. A	Perry 31069	9129875080	02/18/1996
179218	Internal Medicine Associates, P.C.	618 Orange Street,	Macon 31298-5999	9127451191	01/07/1996
203018	La Grange Internal Medicine	301 Medical Drive,	La Grange 30240	7068829341	02/04/1996
164798	Middle Georgia Urgent Care	818 Forsyth Street,	Macon 31201	9127415051	12/10/1995
189159	Minnie G. Boswell Memorial Hospital	1201 Siloam Highway, P.O. Box 329	Greensboro 30642	7064537331	01/05/1996
198952	Mitchell County Hospital	90 Stephens Street, P.O. Box 639	Camilla 31730	9123365284	01/12/1996
136713	South Atlanta Radiology Associates, P.C.	119 Upper Riverdale Road,	Riverdale 30274	7709911010	04/19/1996



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State Facilities Listing

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List Current as of: 11/15/95

State: GA

Accreditation Status: Provisional Reinstatement of Accreditation

Facility ID	Facility Name	Facility Address	Facility City/ZIP	Telephone	Expiration
139329	St. Joseph's Hospital of Atlanta - MOBILE	Women'S Breast Health Center, 5665 Peachtree Dunwoody Road Suite 100	Atlanta 30342	4048517470	01/07/1996
178160	Wills Memorial Hospital	Radiology Department, Gordon Street P.O. Box 370	Washington 30673	7066782151	12/28/1995

Number of Facilities: 9

Accreditation Status: Failed to Complete Accreditation

Facility ID	Facility Name	Facility Address	Facility City/ZIP	Telephone	Expiration
202739	Diagnostic Center Ltd.	993 Johnson Ferry Road, Suite C-130	Atlanta 30342	4042529511	04/07/1995
199174	Scandinavian Diagnostic Center, Inc.	730 Peachtree Street, NE, Suite 900	Atlanta 30308	4048723436	04/07/1995
199463	Telfair County Hospital	Hwy 341 South, P.O. Box 150	Mcrae 31055	9128685621	04/07/1995

Number of Facilities: 3

Accreditation Status: Duplicate Accreditation

Facility ID	Facility Name	Facility Address	Facility City/ZIP	Telephone	Expiration
175869	Moody Air Force Base	347 Medical Group / Sghr, 3278 Mitchell Boulevard	Moody Afb 31699-1500	9123333295	10/06/1995
205856	South Fulton Medical Center, Breast Health Center	1100 Cleveland Avenue,	East Point 30344	4047675359	06/20/1995

Number of Facilities: 2

Accreditation Status: Accreditation Expired

Facility ID	Facility Name	Facility Address	Facility City/ZIP	Telephone	Expiration
111229	East Cobb Women's Diagnostic Center, Inc.	1121 Johnson Ferry Road, Suite 235	Marietta 30068	4049716975	08/09/1995
200220	Southeastern Diagnostic Center Corporation	3009 Rainbow Drive, Suite 146	Decatur 30034	4012415766	07/02/1995

Number of Facilities: 2

Total Facilities in State as of Above Date: 307

GEOGRAPHICAL ROSTER
MAMMOGRAPHY FACILITIES

February 2, 1997

All facilities which have an active application for accreditation with the American College of Radiology are listed. Those in **bold type** are accredited.

Indian River Radiology
North River Office Center
1485 37th Street
Suite 107
Vero Beach, FL 32960
(407) 569-9745

Indian River Memorial Hospital
1000 36th Street
Vero Beach, FL 32960
(407) 567-4311

Indian River Radiology
Indian River Medical Center
777 37th Street
Suite B106
Vero Beach, FL 32960
(407) 562-3391

West Palm Beach

Drs. Hudson, Jabour, Goldmann & Muschkin, P.A.
1411 North Flagler Dr.
Suite 6800
West Palm Beach, FL 33401-3412
(407) 835-1900

West Palm Beach V.A. Medical Center
7305 N. Military Trail
West Palm Beach, FL 33410-6400
(407) 882-6756

Lawrence Rothenberg, M.D.
3915 Haverhill Road
Suite 119
West Palm Beach, FL 33417
(407) 697-4646

Center for Breast Care
Columbia Medical Plaza
4700 North Congress Ave
Suite 201
West Palm Beach, FL 33407
(407) 881-9200

St. Mary's Hospital, Inc.
901 45th Street
P.O. Box 24620
Attn:Pete Schweers
West Palm Beach, FL 33416-4620
(407) 881-2726

Barry Simon, M.D., P.A.
2161 Palm Beach Lake Blvd.
Suite 100
West Palm Beach, FL 33409
(407) 478-0101

Mammography Center of the Palm Beaches
3537 Forest Hill Boulevard
Suite B
West Palm Beach, FL 33406
(407) 965-1199

Ultrasound and Mammography Associates
603 Village Boulevard
Suite 202
West Palm Beach, FL 33409
(561) 687-9633

Wellington Regional Medical Center
10101 Forest Hill Blvd.
West Palm Beach, FL 33414
(407) 798-8514

OB
GYN Specialists of the Palm Beaches, P.A.
2611 N. Dixie Highway
West Palm Beach, FL 33401
(407) 655-3331

Good Samaritan Medical Center
P.O. Box 3166
Flager Drive @ Palm Beach Lakes Blvd.
West Palm Beach, FL 33402
(407) 650-6441

Drs. Rattinger, Steinberg, et al
2801 N. Flagler Drive
West Palm Beach, FL 33407
(407) 659-7411

Midtown Imaging, P.A.
5405 Okeechobee Boulevard
Suite 101
West Palm Beach, FL 33417
(561) 697-3001

The Magnet of Palm Beach, LTD
4477 Medical Center Way
West Palm Beach, FL 33409
(407) 840-9400

Weston

Cleveland Clinic Weston
1825 North Corporate Lakes Blvd.
Weston, FL 33326
(954) 978-5113

Tufts Mammography Center
1601 Town Center Boulevard
Suite B
Weston, FL 33326
(305) 349-7610

Williston

Nature Coast Regional Hospital
125 S.W. 7th Street
P.O. Box 550
Williston, FL 32696
(352) 528-2801

Winter Haven

Winter Haven Hospital
Radiology Department
200 Avenue F N.E.
Winter Haven, FL 33881
(813) 297-1811

Regency Medical Center
Radiology Department
101 Avenue O S.E.
Winter Haven, FL 33880
(941) 294-1885

Gessler Clinic, P. A.
635 First Street, North
Winter Haven, FL 33881
(813) 294-0670

Bond Clinic, P.A.
500 East Central Avenue
Winter Haven, FL 33880
(813) 293-1191

Winter Park

Aloma Winter Park Medical Center
3027 Aloma Avenue
Winter Park, FL 32792
(407) 678-6466

Lee Road Radiology
2566 Lee Road
Winter Park, FL 32701
(407) 830-6423

Linville, Adcook & Dexter, M.D. MOBILE
120 University Park Drive
Ste. 140
Winter Park, FL 32792
(407) 322-6241

Central Florida Center for Diagnostic Imaging
1285 Orange Avenue
Suite 200
Winter Park, FL 32789-4969
(407) 628-5051

The Breast Care Center, P.A.
1561 West Fairbanks Avenue
Suite 200
Winter Park, FL 32789-4601
(407) 647-4288

NMC Diagnostic Services, Inc. - MOBILE
6912 Aloma Avenue
Winter Park, FL 32792
(407) 679-2022

Park Health Corporation
Winter Park Memorial Hospital
200 N. Lakemont Avenue
Winter Park, FL 32792
(407) 646-7629

Park Health Corporation
Winter Park Women's Center
133 S. Benmore Drive
Winter Park, FL 32792
(407) 646-7629

Winter Park Memorial Hospital Mobile Unit
200 North Lakemont Avenue
Winter Park, FL 32792
(407) 646-7020

University Imaging
120 University Park Drive
Suite 140
Winter Park, FL 32792
(407) 679-7772

Franz, Lucas & Bernstein, M.D., P.A.
1925 Mizell Avenue
Suite 104
Winter Park, FL 32792
(407) 644-6771

NMC Diagnostic Services, Inc. - MOBILE
6912 Aloma Avenue
Winter Park, FL 32792
(407) 679-2022

Zephyrhills

Florida Medical Clinic
38135 Market Square
Zephyrhills, FL 33540
(813) 782-8829

East Pasco Imaging Center
38035 Medical Center Drive
Zephyrhills, FL 33540
(813) 783-6150

East Pasco Medical Center
7050 Gall Blvd.
Zephyrhills, FL 33541
(813) 788-0411

Atlanta Medical Associates
100 10th Street
Atlanta, GA 30309
(404) 897-1010

Southwest Hospital & Medical Center
501 Fairburn Road, S.W.
Atlanta, GA 30331
(404) 699-1111

St. Joseph's Hospital of Atlanta Women's Breast Health Center
5665 Peachtree-Dunwoody Road
Atlanta, GA 30342
(404) 851-7470

Kaiser Permanente - Glenlake Medical Facility
20 Glenlake Parkway
Atlanta, GA 30328
(770) 677-5810

Peachtree Women's Clinic
980 Johnson Ferry Road
Suite 220
Atlanta, GA 30342
(404) 255-8022

Southside Healthcare, Inc.
1039 Ridge Avenue S.W.
Atlanta, GA 30315
(404) 688-1350

Drs. Johnston, Croft & Wiskind
105 Collier Road
Suite 2030
Atlanta, GA 30309
(404) 352-1235

Atlanta Women's Specialists, P.C.
980 Johnson Ferry Road, NE
Suite 510
Atlanta, GA 30342
(404) 252-5196

OB-GYN of Atlanta, P.C.
975 Johnson Ferry Road N.E.
Suite 400
Atlanta, GA 30342
(404) 252-1137

Ratchford & McDaniel, P.C.
105 Collier Road
Suite 1080
Atlanta, GA 30309
(404) 352-2850

North Atlanta OBGYN, P.A.
980 Johnson Ferry Road
Suite #410
Atlanta, GA 30342
(404) 255-0621

Grady Health System
Radiology Department, Mammography
80 Butler Street, SE; PO Box 278
Atlanta, GA 30335-3801
(404) 616-4530

Southeastern Health ServicesPrucare
3200 Downwood Circle
Suite 300
Atlanta, GA 30327
(404) 609-5678

Del Mazo Medical Services
478 Peachtree Street, NE
Suite 107A
Atlanta, GA 30308-3124
(404) 577-1112

Atlanta Women's OB-GYN Associates
2001 Peachtree Road, NW
Suite 640
Atlanta, GA 30309
(404) 352-3616

Atlantic

Southside Healthcare, Inc. - MOBILE
1039 Ridge Avenue, S.W.
Atlantic, GA 30315

Augusta

Brown and Radiology Associates
The Imaging Center
818 St. Sebastian Way
Suite 100
Augusta, GA 30901
(706) 722-3574

Drs. Williams, Eaker, Speese & Associates, PC.
2258 Wrightsboro Road
Suite 400
Augusta, GA 30910
(706) 733-4427

Radiology & Imaging Associates, P.C.
1450 Winter Street
Augusta, GA 30910
(706) 736-6626

University Hospital
1350 Walton Way
Augusta, GA 30910-3599
(706) 823-5000

Brown and Radiology Associates - MOBILE
818 St. Sebastian Way
Suite 100
Augusta, GA 30901
(706) 722-3574

Obstetrics and Gynecology Associates
1430 Harper Street
Augusta, GA 30910
(706) 724-2261

Brown and Radiology Associates
1500 Johns Road
Suite 7
Augusta, GA 30904
(706) 733-9445

Medical College of Georgia
Department of Radiology
1120 Fifteenth Street
Augusta, GA 30912
(706) 721-3251

Augusta Reproductive Biology Associates
812 Chafee Avenue
Augusta, GA 30904
(706) 724-0228

St. Joseph Hospital
2260 Wrightsboro Road
Augusta, GA 30910
(706) 737-7400

Augusta Regional Medical Center
3624 J. Dewey Gray Circle
Suite 100
Augusta, GA 30909
(706) 650-6761

Drs. Goldsmith, Byars & Mecredy, M.D., P.C.
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Augusta, GA 30909
(706) 863-5082

Reproductive Endocrinologists, P.C.
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Augusta, GA 30910
(706) 724-8878

Austell

Northwest Mobile Health Service-MOBILE @ Promina Cobb Hospital
3950 Austell Road
Austell, GA 30001
(404) 732-3500

Cobb Hospital and Medical Center
3950 Austell Road
Austell, GA 30001
(404) 944-5000

Bainbridge

Memorial Hospital & Manor
1500 E. Shotwell Street
Bainbridge, GA 31317
(912) 246-3500

Baxley

Appling General Hospital
301 East Tollison Street
Baxley, GA 31513
(912) 367-9841

Blairsville

Union General Hospital
714 Hospital Drive
ATN: PAM COLLINS, R.T.(R)
Blairsville, GA 30512
(404) 745-2111

Blakely

Early Memorial Hospital
Radiology Department
630 Columbia Road
Blakely, GA 31723
(912) 723-4241

Blue Ridge

Fannin Regional Hospital
P.O. Box 1549
Highway 5 North
Blue Ridge, GA 30513
(404) 632-3711

Bowdon

Bowdon Area Hospital
501 Mitchell Avenue
Bowdon, GA 30108
(770) 258-7207

Bremen

Higgins General Hospital
Radiology Department
200 Allen Memorial Drive
Bremen, GA 30110
(404) 537-5851

Datton

Hamilton Diagnostics
1407 Chattanooga Rd.
Datton, GA 30720
(706) 272-6565

Decatur

DeKalb Medical Center, Inc.
Diagnostic Breast & Osteoporosis Center
2701 N. Decatur Road
Decatur, GA 30033
(404) 501-5881

Southeastern Diagnostic Center Corporation
3009 Rainbow Drive
Ste. 146
Decatur, GA 30034
(404) 241-5766

Decatur Hospital
450 North Candler Street
Decatur, GA 30030
(404) 378-4982

DeKalb Medical Center Diagnostic - MOBILE
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Decatur, GA 30035
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Decatur, GA 30033
(404) 296-3111

Demorest

Habersham County Medical Center
Highway 441
P.O. Box 37
Demorest, GA 30535
(706) 754-2161

Donalsonville

Donalsonville Hospital, Inc.
102 Hospital Circle
P.O. Box 677
Donalsonville, GA 31745
(912) 524-5217

Douglas

Coffee Regional Medical Center, Inc.
West-Ward Street
PO Box 1248
Douglas, GA 31533-1248
(912) 384-1900

Douglasville

Promina Douglas Hospital
Radiology Department
8954 Hospital Drive
Douglasville, GA 30134
(404) 920-6340

Dublin

Southern Radiology Services - MOBILE
606 Academy Avenue
P.O. Box 1527
Dublin, GA 31040
(912) 274-1100

Fairview Park Hospital
200 Industrial Blvd.
Dublin, GA 31021
(912) 275-2000

Dublin Internal Medicine
104 Fairview Park Drive
Dublin, GA 31021
(912) 272-1366

Medical Center Family Practice
309 Bellevue Avenue
Dublin, GA 31021
(912) 272-7411

Duluth

Gwinnett Hospital System
3805 Pleasanthill Road
Duluth, GA 30136
(404) 495-5100

Gwinnet Imaging, Inc.
3540 Duluth Park Lane
Suite 140
Duluth, GA 30136
(770) 623-5551

East Point

South Fulton Medical Center, Breast Health Center
1100 Cleveland Avenue
East Point, GA 30344
(404) 767-5359

South Fulton Medical Center
1170 Cleveland Avenue
East Point, GA 30344
(404) 630-5495

Eastman

Dodge County Hospital
715 Griffin Street
P.O. Box 4309
Eastman, GA 31023-4309
(912) 374-4000

Eatonton

Putnam General Hospital
Radiology Department
101 Greensboro Highway
P.O. Box 4330
Eatonton, GA 31024
(706) 485-2711

Elberton

Elbert Memorial Hospital
4 Medical Drive
Elberton, GA 30635
(706) 213-2573

Ellijay

North Georgia Medical Center
Jasper Road
Ellijay, GA 30540
(706) 276-4741

Fayetteville

Fayette Diagnostic Center
1250 Highway 54 West
Suite 102
Fayetteville, GA 30214
(770) 719-0386

Fayette Surgical Clinic & Breast Center
325 North Jeff Davis Dr.
Fayetteville, GA 30214
(404) 461-1337

Fayette Medical Clinic, P.C.
Department of Imaging
101 Yorktown Drive
Fayetteville, GA 30214
(404) 460-4318

Fitzgerald

Dorminy Medical Center
P.O. Box 1447
Perry House Road
Fitzgerald, GA 31750
(912) 423-5431

Folkston

Charlton Memorial Hospital
1203 N. Third Street
P.O. Box 188
Folkston, GA 31537
(912) 496-2531

Forest Park

First Family Care
528 A Forest Parkway
Forest Park, GA 30050
(404) 361-6272

Forsyth

Monroe County Hospital
88 Martin Luther King, Jr., Drive
P.O. Box 1068
Forsyth, GA 31029
(912) 994-2521

Fort Benning

Martin Army Community Hospital
9200 Marne Road
Building 9200
Fort Benning, GA 31905-6100
(706) 544-4051

Fort Gordon

Dwight David Eisenhower Army Medical Center
Radiology Department
Building 300
Chamberlein Avenue
Fort Gordon, GA 30905-5650
(706) 787-2245

Fort McPherson

Fort McPherson Army Health Clinic
USAHC Radiology Department
Fort McPherson, GA 30330-5000
(404) 752-2235

Macon

Columbia Coliseum Medical Center
380 Hospital Drive
Suite 410
Macon, GA 31201
(912) 765-4886

Medical Center of Central Georgia
777 Hemlock Street
Macon, GA 31208-6000
(912) 633-1235

Focal Pointe Women
3200 Riverside Drive
Bldg. C
Macon, GA 31210

Internal Medicine Associates, P.C.
618 Orange Street
Macon, GA 31298
(912) 745-1191

Middle Georgia Urgent Care
818 Forsyth Street
Macon, GA 31208
(912) 741-5051

Med Cross Diagnostic Center
1818 Forsyth Street
Macon, GA 31201
(912) 738-0099

Middle Georgia Hospital
888 Pine Street
Macon, GA 31297
(912) 751-0667

Macon Northside Hospital
Radiology Department
400 Charter Boulevard
Macon, GA 31210
(912) 757-6032

Regional Imaging Center
1650 Hardeman Avenue
Macon, GA 31201
(912) 749-9720

Marietta

The Breast Center
702 Canton Road
Marietta, GA 30060
(404) 428-4486

Quantum Radiology, Tower Road Imaging
70 Tower Road
Marietta, GA 30060
(770) 422-1930

Kennestone Women's Center
30 South Medical Drive
Marietta, GA 30060
(404) 793-5574

PROMINA Windy Hill Hospital
2540 Windy Hill Road
Marietta, GA 30067
(404) 644-1240

Martinez

Women's Center
University Hospital Medical Center
4106 Columbia Road
Suite 201
Martinez, GA 30907
(706) 868-3200

Metter

Candler County Hospital
Cedar Road
P.O. Box 597
Metter, GA 30439
(912) 685-5741

Milledgeville

Milledgeville OB-GYN
750 North Cobb Street
Milledgeville, GA 31061
(912) 453-8511

Oconee Regional Medical Center
Radiology Department
821 North Cobb Street
Milledgeville, GA 31061
(912) 452-5021

Central State Hospital
Medical Surgical Division - Radiology
Culver Kidd Building
Vinson Highway
Milledgeville, GA 31062
(912) 453-5792

Monroe

Walton Medical Center
330 Alcovy Street
Monroe, GA 30655
(770) 267-1720

Montezuma

Flint River Community Hospital
Radiology Department-NANCY JUNKINS
509 Sumter Street
PO Box 770
Montezuma, GA 31063
(912) 472-3222

Morrow

Georgia Baptist Medical Group - MOBILE
Southlake/ ATTN: DIXIE
1000 Corporate Center Drive
Suite 120
Morrow, GA 30260
(404) 968-2850

Moultrie

Colquitt Regional Medical Center
P.O. Box 40
3131 Thomasville Highway
Moultrie, GA 31776-0040
(912) 890-3500

Nashville

Berrien County Hospital
Radiology Department
1221 East McPherson Avenue
Nashville, GA 31639
(912) 686-7471

Newnan

PAPP Clinic, P.C.
15 Cavender Street
Newnan, GA 30263
(404) 253-6616

Newnan Hospital
Radiology Department
80 Jackson Street
Newnan, GA 30263
(404) 254-3660

Peachtree Regional Hospital
Radiology Department
60 Hospital Road
Newnan, GA 30263
(404) 253-1912

Norcross

Peachtree Corners Medical Center
6920 Jimmy Carter Boulevard
Norcross, GA 30071
(770) 449-0990

Peachtree City

Peachtree City Gynecology Center
210 Clover Reach Drive
Peachtree City, GA 30269
(404) 487-9604

Women's Center of Piedmont Hospital @ Peachtree City
324 Stevens Entry
Peachtree City, GA 30269
(770) 487-6543

Perry

Complete Health Care Center, Inc.
1013 Main Street
Ste. A
Perry, GA 31069
(912) 987-5080

Perry Hospital
Radiology Department
1120 Morningside Drive
Perry, GA 31069
(912) 987-7867

Quitman

Brooks County Hospital
903 N. Court Street
PO Box 5000
Quitman, GA 31643
(912) 263-4171

Reidsville

Tattnall Memorial Hospital
Route 1, Box 261
Reidsville, GA 30453
(912) 557-4731

Riverdale

Breast Health Center
7365 Old National Highway
Ste. B
Riverdale, GA 30296
(404) 994-1183

South Atlanta Radiology Associates, P.C.
119 Upper Riverdale Road
Riverdale, GA 30274
(770) 991-1010

Joseph S. Leyva, M.D., P.C.
189 Medical Way
Suite A
Riverdale, GA 30274
(770) 991-0970

Radiology Associates of Clayton, PC
33 Upper Riverdale Road, #105
Riverdale, GA 30274
(404) 991-9729

Sugar Hill

North Gwinnett Medical Imaging
4700 Nelson Brogdon Blvd.
Suite 140
Sugar Hill, GA 30518
(404) 945-3929

Summerville

Chattooga Medical Center
Radiology Department
1010 Highland Avenue
Summerville, GA 30747
(706) 857-4761

Swainsboro

Emanuel County Hospital
117 Kite Road
Swainsboro, GA 30401
(912) 237-0287

Sylvania

Screven County Hospital
215 Mims Road
Sylvania, GA 30467
(912) 564-7426

Thomaston

Upson Regional Medical Center
801 W. Gordon Street
Thomaston, GA 30286
(706) 647-8111

Thomasville

Radiology Associates of Thomasville
113 West Hansell Street
PO Drawer 2450
Thomasville, GA 31799
(912) 226-6776

John D. Archbold Memorial Hospital
Gordon Avenue @ Mimosa Drive
Thomasville, GA 31792
(912) 228-2900

Thomson

McDuffie County Hospital
521 Hill Street, SW
Thomson, GA 30824
(706) 595-1411

Tifton

Affinity Health Group, LLC
712 E. 18th Street
Tifton, GA 31794
(912) 382-3814

Tift General Hospital
Radiology Department
901 East 18th Street
Tifton, GA 31793
(912) 386-7500

Toccoa

Stephens County Hospital
Falls Road
PO Box 947
Toccoa, GA 30577
(706) 886-6841

Tucker

WomanCare
1455 Montreal Road
Suite 202
Tucker, GA 30084
(770) 270-3176

Radiology of MMC, Inc.
1462 Montreal Road
Suite 316
Tucker, GA 30084
(770) 939-2740

Kaiser Permanente - Crescent Centre
200 Crescent Centre Pkwy
Attn: Sandy Cassidy
Tucker, GA 30084
(404) 496-3520

Valdosta

Radiology Associates of Valdosta, P.C.
2704-D North Oak Street
Post Office Box 3499
Valdosta, GA 31602-3499
(912) 333-9729

Southern OB-GYN Associates, P.C.
2841 North Patterson Street
Valdosta, GA 31602
(912) 241-2800

South Georgia Medical Center
Department of Radiology
2501 N. Patterson Street
Valdosta, GA 31603-1727
(912) 333-1000

Vidalia

Meadows Regional Medical Center
1703 Meadows Lane
P.O. Box 1048
Vidalia, GA 30474
(912) 537-8921

Vienna

Dooly Medical Center
Pitts Road
P.O. Box 278
Vienna, GA 31092
(912) 268-4141

Villa Rica

Tanner Medical Center Villa Rica
601 Dallas Road
Villa Rica, GA 30180
(404) 459-7174

Warm Springs

Georgia Baptist Meriweather Hospital
5995 Spring Street
PO Box 8
Warm Springs, GA 31830
(706) 655-3331

Warner Robins

Houston Health Pavilion Diagnostic & Education Center
233 N. Houston Road
Suite 140D
Warner Robins, GA 31093
(912) 923-0637

Houston Medical Center
Radiology Department
1601 Watson Boulevard
Warner Robins, GA 31088
(912) 922-4281

Radiology Associates of Houston Co., P.A.
102 Hospital Drive
Warner Robins, GA 31088
(912) 922-9314

G.V. Raghu, M.D. & M.H. Shah, M.D., P.C.
1021 North Houston Road
P.O. Box 2105
Warner Robins, GA 31093
(912) 922-9944

Heart of Georgia Womens Center
209 Green Street
PO Box 8288
Warner Robins, GA 31093
(912) 328-3399

Obstetrics & Gynecology, P.A.
105 Briarcliff Road
Warner Robins, GA 31088
(912) 922-3191

Waycross

Satilla Regional Medical Center
410 Darling Avenue
Waycross, GA 31501
(912) 287-2599

Waynesboro

Burke County Hospital - MOBILE unit
351 Liberty St.
Waynesboro, GA 30830
(706) 554-4435

Burke County Hospital
351 Liberty Street
Waynesboro, GA 30830
(706) 554-4435

Winder

Barrow Medical Center
316 N. Broad Street
Winder, GA 30680
(770) 307-5280

Woodstock

Imaging Center of Woodstock
Alpharetta-Woodstock OB/GYN
203 Woodpark Place
Suite A-200
Woodstock, GA 30188
(404) 924-7761

Woodstock Imaging Center
2000 Professional Way
Bldg. 100 - Suite A
Woodstock, GA 30188
(404) 591-9711

Bibliography

Publications/Presentations/Manuscripts Developed as a Result of this Grant

Hill, CV. "An Exploratory Study: Demographic and Social Barriers To Breast Cancer Screening Among Low Income Black Women In Atlanta, Georgia." Thesis manuscript. Master of Public Health Program, Morehouse School of Medicine, July 1997.

Taylor,BD, Sheats J, Murphy,F, et. al., Training Community Health Volunteers for Breast Health Education and Disease Prevention. *American Journal of Health Promotion.* Accepted subject to revision.

Presentations:

Taylor, BD, et. al., Breast Cancer screening Practices Amongst Primary Care Practitioners. Focus Group with Family Practice Residents, Morehouse School of Medicine, January , 1995

Taylor, BD, et. al. *Nightmare*, presented at the noon conference for Internal Medicine residents at Grady Memorial Hospital, Atlanta, Georgia, April 1995.

Taylor, BD, et.al. *Nightmare,* presented at the Annual Meeting of the Georgia Medical Association, June 19, 1996

Taylor, BD, et. al. *Nightmare*, presented at the Georgia Academy of Family Physician's Meeting, October, 1996.

Taylor, BD, "Utilizing the Community Lay Health worker for Breast Health Education", poster presentation presented at the American Public Health Association Meeting, 1996, Community Health Planning and Policy Development, Women's Health Section, New York, November 17-21, 1996.

Taylor, BD, et. al. The Infodrama as an Effective Tool in Medical Education, presented at APHA, Women's Health Section, New York, November 17-21, 1996.

Taylor, BD, "Breast Cancer Prevention, and Control", presented at Advances in Primary Care: Practical Approaches to the African - American Patient, April 26, 1997, Atlanta, Georgia.

Taylor, Beverly D. DAMD17-94-J-4134

Community Presentation of the Breast Health Education Workshops:

Community	*Date*
Graves Annex	Nov. 6, 1996
Martin Luther King, Jr.	January 21, 1997
John O. Chiles	April 24, 1997
Cosby Spears	May 6, 1997
Villa Monte	July 2, 1997
Antone Graves	July 8, 1997

Participants in the Breast Health Education Project who received funds from grant #DAMD17-94-J-4134 from June 30, 1994 through July 31, 1997.

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Annie R. Cofer	Community Health Worker
Robin Hawkins	Community Health Worker
Eugenia Dickerson	Community Health Worker
Catherine Epps	Community Health Worker
Eva B. Davis	Community Health Worker
Joyce Sheats	Project Director
Bridget Toodle	Administrative Secretary
Carl Hill	Student Research Assistant
Sherri Simpson	Student Research Assistant

Kenya Beverly	Student Research Assistant
Germaine Cummings	Student Research Assistant
Joyce Ellis	Community Health Worker Trainee
Helen Heath	Community Health Worker Trainee
Carol Dupree	Community Health Worker Trainee